ALABAMA MEDICAID SPECIFICATIONS

NCPDP VERSION 5.1

ALABAMA SPECIFICS FOR PHARMACY

Note: The information in this document is subject to change. Please refer to the effective date located in the footer of this document for the latest information available.

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General Information and Requirements

Testing Procedures

Once a vendor has developed a program following the guidelines stated in this manual, they must test the program for approval. Test claims will be issued along with other necessary information for testing. The test claim results should be returned to EDS for review. Upon approval, instructions will be given for the submission of production claims. For more information, please call (334) 215-0111 or 1-800-456-1242.

Help Desk

The EMC Helpdesk is available to providers and vendors to answer questions, concerns, or to address any problems which may occur during transmission. The help desk can be reached at the following:

Phone	**Writing**	**E-mail**
(800) 456-1242	Electronic Data Systems (EDS)	AlabamaSystemsEMC@eds.com
(334) 215-0111	Attn: EMC Helpdesk	
(334) 215-4272 (fax)	301 Technacenter Drive	
	Montgomery, AL 36117	

Issues

The following paragraphs give specific information regarding the implementation of NCDPD Version 5.1. Each of the following paragraphs gives information on specific issues regarding Alabama Medicaid transmissions.

Field Justification

Due to the variable format, field justification is not applicable. However, if you choose to pad each field, all alpha-numeric fields should be left justified and numeric fields should be right justified.

Repeating Fields

Some fields may be repeated or sent more than once. These fields are denoted with ***R***, in the Mandatory/Optional column. The number inside the ( ) represents the number of times the field can be repeated.

Co-Pay Exemption

The patient segment is an optional segment. There are two fields, also optional, that we will capture from this segment, if the segment is sent. Below is a table of these fields and the values we will default to if the segment and/or fields are not sent.

Field	Segment	NCPDP Field #	Valid Values (Valid values appear in **bold**.)	Default Value	Impact
Patient Location	Patient	307	Ø=Not Specified 1=Home 2=Inter-Care ***3=Nursing Home*** ***4=Long Term/Extended Care*** 5=Rest Home 6=Boarding Home ***7=Skilled Care Facility*** 8=Sub-Acute Care Facility	Ø	It will be assumed that the recipient is not in an LTC facility. Values of 3, 4, and 7 will indicate LTC.

Field	Segment	NCPDP Field #	Valid Values (Valid values appear in *bold*.)	Default Value	Impact
			9=Acute Care Facility 1Ø=Outpatient 11=Hospice		

A pregnancy indicator field (335-2C) exists in NCPDP 5.1 on the patient segment. A value of '2' in this field will indicate that the client is pregnant. The table below shows the basic data for this field:

Field	Segment	NCPDP Field #	Valid Values	Default Value	Impact
Pregnancy Indicator	Patient	335	Blank=Not Specified 1=Not pregnant 2=Pregnant	Blank	It will be assumed that the recipient is not pregnant.

Other Insurance

NCPDP 5.1 allows the submission of up to 9 instances of other insurance information. Due to the very rare nature of more than one insurance on a pharmacy claim, we will continue to accept only one other insurance amount. In the *Other Payer Amount Paid Qualifier* (field #342) field, a value of "08" (Sum of all reimbursement) should be specified to denote the total amount paid by all other payers.

Compound Drugs

Compound drug billing is enhanced with version 5.1 to allow all NDC's that are part of a compound to be billed on the same transaction.
- Alabama Medicaid will allow up to 25 NDC's/ingredients to be sent per claim.
- Alabama Medicaid will reject compound claims if one or more NDC's is "non-covered".
- For compound claims with one or more non-covered ingredients, a value of "8" should be submitted in field 420-DK (Submission Clarification Code) to allow for payment on the remaining covered NDC's.
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Basis of Reimbursement Determination

Field #522, *Basis of Reimbursement Determination* is an optional field that can be returned on a paid or duplicate billing transaction. This field explains how the drug ingredient cost was derived; whether DOJ, FUL, AWP, SMAC, or WAC. The table below shows how the basis of reimbursement values will be set in relation to the rate used in calculating the paid amount for the claim.

Value*	Price Type Used	Description
0	**DOJ**	Not specified
1	**NA – this value will be returned when the billed amount is less than the calculated allowed amount**	**Ingredient Cost Paid as Submitted**
2		Ingredient Cost Reduced to AWP Pricing
3	**AWP**	**Ingredient Cost Reduced to AWP Less X% Pricing**
4		Usual & Customary Paid as Submitted
5		Paid Lower of Ingredient Cost Plus Fees Versus Usual & Customary
6	**SMAC or FUL**	**MAC Pricing Ingredient Cost Paid**
7		MAC Pricing Ingredient Cost Reduced to MAC
8		Contract Pricing
9	**WAC**	**Acquisition Pricing**

*Valid values for Alabama appear in **Bold.**

Rejection Codes

A billing transaction can potentially be responded to with a rejected response, a duplicate response, or a paid response. The format of these response transactions will follow the variable requirements of the version 5.1 standard. For reject responses, Medicaid will return the corresponding four digit internal error code for the NCPDP reject code in the Response Message Segment, field #504-F4 (Message). The error codes will be preceded by two digits indicating how many error codes are being returned. In addition, text descriptions for these error codes will be placed in the Response Status segment, field #526-FQ (Additional message information), These text descriptions will be separated by a semi-colon.

Reversal Request Format Changes

The reversal transaction, or B2 (value of field #103 *Transaction Code* in NCPDP specs), is the transaction by which a provider will submit a reversal transaction. A maximum of four reversal's on a single transmission can occur in version 5.1, but is not mandated. However, Medicaid will continue to support only one reversal transaction per transmission to maintain the current billing practices supported. This is an enhancement that could be implemented in the future if desired by the State Agency.
Also, Version 5.1 makes the NDC number (field #407) mandatory on a reversal transaction. The provider ID, date of service and RX number are also required to be sent on a reversal to further clarify that we have found the correct ICN to reverse. If the provider ID, date of service, RX number and NDC do not match the paid claim exactly, the claim reversal request will be rejected accordingly.

Billing Transaction

Transaction Header Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
1Ø1-A1	BIN NUMBER	M	Card Issuer ID or Bank ID Number used for network routing.	9(6)	6	004146	004146
1Ø2-A2	VERSION/RELEASE NUMBER	M	Code uniquely identifying the transmission syntax and corresponding Data Dictionary	x(2)	2	51=Version 5.1	51
1Ø3-A3	TRANSACTION CODE	M	Code identifying the type of transaction.	x(2)	2	E1=Eligibility Verification B1=Billing B2=Reversal B3=Rebill P1=P.A. Request & Billing P2=P.A. Reversal P3=P.A. Inquiry P4=P.A. Request Only N1=Information Reporting N2=Information Reporting Reversal N3=Information Reporting Rebill C1=Controlled Substance Reporting C2=Controlled Substance Reporting Reversal C3=Controlled Substance Reporting Rebill	B1 = Billing
1Ø4-A4	PROCESSOR CONTROL NUMBER	M	Number assigned by the processor.	x(1Ø)	1Ø		N/A
1Ø9-A9	TRANSACTION COUNT	M	Count of transactions in the transmission.	x(1)	1	Blank=Not Specified 1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences	1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M	Code qualifying the 'Service Provider ID' (2Ø1-B1).	x(2)	2	Blank=Not Specified Ø1=National Provider Identifier (NPI) Ø2=Blue Cross Ø3=Blue Shield Ø4=Medicare Ø5=Medicaid Ø6=UPIN Ø7=NCPDP Provider ID Ø8=State License Ø9=Champus 1Ø=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (DEA) 13=State Issued 14=Plan Specific	Ø1=National Provider Identifier (NPI)

Transaction Header Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
2Ø1-B1	SERVICE PROVIDER ID	M	ID assigned to a pharmacy or provider.	x(15)	15		10 digit NPI Number
4Ø1-D1	DATE OF SERVICE	M	Identifies date the prescription was filled or professional service rendered.	9(8)	8		Format = CCYYMMDD
11Ø-AK	SOFTWARE VENDOR/ CERTIFICATION ID	M	ID assigned by the switch or processor to identify the software source.	x(1Ø)	1Ø		N/A

Patient Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified Ø1=Patient Ø2=Pharmacy Provider Ø3=Prescriber Ø4=Insurance Ø5=Coordination of Benefits/Other Payments Ø6=Worker's Compensation Ø7=Claim Ø8=DUR/PPS Ø9=Coupon 1Ø=Compound 11=Pricing 12=Prior Authorization 13=Clinical	Ø1=Patient ID *** Segment is optional. Fields that we capture from this segment will be defaulted, see below.
331-CX	PATIENT ID QUALIFIER	O	Code qualifying the 'Patient ID' (332-CY).	x(2)	2	Blank=Not Specified Ø1=Social Security Number Ø2=Driver's License Number Ø3=U.S. Military ID 99=Other	N/A
332-CY	PATIENT ID	O	ID assigned to the patient.	x(2Ø)	2Ø		N/A
3Ø4-C4	DATE OF BIRTH	O	Date of birth of patient.	9(8)	8		N/A
3Ø5-C5	PATIENT GENDER CODE	O	Code indicating the gender of the individual.	9(1)	1	Ø=Not Specified 1=Male 2=Female	N/A
31Ø-CA	PATIENT FIRST NAME	O	Individual first name.	x(12)	12		N/A
311-CB	PATIENT LAST NAME	O	Individual last name.	x(15)	15		N/A
322-CM	PATIENT STREET ADDRESS	O	Free-form text for address information.	x(3Ø)	3Ø		N/A
323-CN	PATIENT CITY ADDRESS	O	Free-form text for city name.	x(2Ø)	2Ø		N/A
324-CO	PATIENT STATE / PROVINCE ADDRESS	O	Standard State/Province Code as defined by appropriate government agency.	x(2)	2	See Appendix L - United States and Canadian Province Postal Service Abbreviations	N/A
325-CP	PATIENT ZIP/POSTAL ZONE	O	Code defining international postal zone excluding punctuation and blanks (zip code for US).	x(15)	15		N/A
326-CQ	PATIENT PHONE NUMBER	O	Ten digit phone number of patient.	9(1Ø)	1Ø		N/A

Patient Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
3Ø7-C7	PATIENT LOCATION	O	Code identifying the location of the patient when receiving pharmacy services.	9(2)	2	Ø=Not Specified 1=Home 2=Inter-Care 3=Nursing Home 4=Long Term/Extended Care 5=Rest Home 6=Boarding Home 7=Skilled Care Facility 8=Sub-Acute Care Facility 9=Acute Care Facility 1Ø=Outpatient 11=Hospice	Ø=Not Specified 3=Nursing Home 4=Long Term/Extended Care 7=Skilled Care Facility ** If field not sent, default will be Ø.
333-CZ	EMPLOYER ID	O	ID assigned to employer.	x(15)	15		N/A
334-1C	SMOKER / NON-SMOKER CODE	O	Code indicating the patient as a smoker or non-smoker.	x(1)	1	Blank=Not Specified 1=Non-Smoker 2=Smoker	N/A
335-2C	PREGNANCY INDICATOR	O	Code indicating the patient as pregnant or non-pregnant.	x(1)	1	Blank=Not Specified 1=Not pregnant 2=Pregnant	Blank=Not Specified 1=Not pregnant 2=Pregnant *** If field not sent, default will be blank.

Insurance Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified Ø1=Patient Ø2=Pharmacy Provider Ø3=Prescriber Ø4=Insurance Ø5=Coordination of Benefits/Other Payments Ø6=Worker's Compensation Ø7=Claim Ø8=DUR/PPS Ø9=Coupon 1Ø=Compound 11=Pricing 12=Prior Authorization 13=Clinical	Ø4=Insurance
3Ø2-C2	CARDHOLDER ID	M	Insurance ID assigned to the cardholder.	x(2Ø)	2Ø		13 digit Medicaid ID number.
312-CC	CARDHOLDER FIRST NAME	M	Individual first name.	x(12)	12		Required. Enter the clients first name. Alpha only.
313-CD	CARDHOLDER LAST NAME	M	Individual last name.	x(15)	15		Required. Enter the clients last name. Alpha only.
314-CE	HOME PLAN	O	Code identifying the Blue Cross or Blue Shield plan ID which indicates where the member's coverage has been designated. Usually where the member lives or purchased their coverage.	x(3)	3		N/A
524-FO	PLAN ID	O	Assigned by the processor to identify a set of parameters, benefit, or coverage criteria used to adjudicate a claim.	x(8)	8		N/A
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE	O	Code indicating that the pharmacy is clarifying eligibility based on receiving a denial.	9(1)	1	Ø=Not Specified 1=No Override 2=Override 3=Full Time Student 4=Disabled Dependent 5=Dependent Parent 6=Significant Other	N/A
336-8C	FACILITY ID	O	ID assigned to the patient's clinic/host party.	x(1Ø)	1Ø		N/A
3Ø1-C1	GROUP ID	O	ID assigned to the cardholder group or employer group.	x(15)	15		N/A

Insurance Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
3Ø3-C3	PERSON CODE	O	Code assigned to a specific person within a family.	x(3)	3		N/A
3Ø6-C6	PATIENT RELATIONSHIP CODE	O	Code indicating relationship of patient to cardholder.	9(1)	1	Ø=Not Specified 1=Cardholder 2=Spouse 3=Child 4=Other	N/A

Claims Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified Ø1=Patient Ø2=Pharmacy Provider Ø3=Prescriber Ø4=Insurance Ø5=Coordination of Benefits/Other Payments Ø6=Worker's Compensation Ø7=Claim Ø8=DUR/PPS Ø9=Coupon 1Ø=Compound 11=Pricing 12=Prior Authorization 13=Clinical	Ø7=Claim
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	Indicates the type of billing submitted.	x(1)	1	Blank=Not Specified 1=Rx Billing 2=Service Billing	1=Rx Billing
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	Reference number assigned by the provider for the dispensed drug/product and/or service provided.	9(7)	7		seven digit numeric prescription number
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	Code qualifying the value in 'Product/Service ID' (4Ø7-D7).	x(2)	2	See Appendix K - Product/Service Qualifier	Ø3 = National Drug Code (NDC)
4Ø7-D7	PRODUCT/SERVICE ID	M	ID of the product dispensed or service provided.	x(19)	19		The 11-digit national drug code for the drug dispensed.
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE #	O	Related 'Prescription/Service Reference Number' (4Ø2-D2) to which the service is associated.	9(7)	7		N/A
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	O	Date of the Associated Prescription/Service Reference Number.	9(8)	8		N/A
458-SE	PROCEDURE MODIFIER CODE COUNT	O	Count of the 'Procedure Modifier Code' (459-ER) occurrences.	9(1)	1		N/A
459-ER	PROCEDURE MODIFIER CODE	O***R***	Identifies special circumstances related to the performance of the service.	x(2)	2		N/A

Claims Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
442-E7	QUANTITY DISPENSED	M	Quantity dispensed expressed in metric decimal units.	9(7)v999	1Ø		Required. Enter the ten digit metric decimal quantity of the drug dispensed in this field
4Ø3-D3	FILL NUMBER	M	The code indicating whether the prescription is an original or a refill.	9(2)	2	Ø=Original dispensing 1 to 99 = Refill number	Required. Alabama only allows value of 00 thru 11.
4Ø5-D5	DAYS SUPPLY	M	Estimated number of days the prescription will last.	9(3)	3		Required. Enter the estimated days supply of the drug dispensed. Alabama only allows value of <= 34.
4Ø6-D6	COMPOUND CODE	O	Code indicating whether or not the prescription is a compound.	9(1)	1	Ø=Not Specified 1=Not a Compound 2=Compound	***This segment is optional, and will not be used by Alabama until compound drug billing enhancements are implemented) Ø=not specified 1 = not a compound 2 = compound
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	O	Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.	x(1)	1	Ø=No Product Selection Indicated 1=Substitution Not Allowed by Prescriber 2=Substitution Allowed-Patient Requested Product Dispensed 3=Substitution Allowed-Pharmacist Selected Product Dispensed 4=Substitution Allowed-Generic Drug Not in Stock 5=Substitution Allowed-Brand Drug Dispensed as a Generic 6=Override 7=Substitution Not Allowed-Brand Drug Mandated by Law 8=Substitution Allowed-Generic Drug Not Available in Marketplace 9=Other	Values 0, 1, 3 – 5, 7 and 8 are allowed. Values 2, 6 and 9 not allowed per state policy.
414-DE	DATE PRESCRIPTION WRITTEN	M	Date prescription was written.	9(8)	8		Required. Prescribe date in CCYYMMDD format.
415-DF	NUMBER OF REFILLS AUTHORIZED	O	Number of refills authorized by the prescriber.	9(2)	2	Ø=Not Specified 1 through 99, with 99 being as needed, refills unlimited	N/A

Claims Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
419-DJ	PRESCRIPTION ORIGIN CODE	O	Code indicating the origin of the prescription.	9(1)	1	Ø=Not Specified 1=Written 2=Telephone 3=Electronic 4=Facsimile	N/A
42Ø-DK	SUBMISSION CLARIFICATION CODE	O	Code indicating that the pharmacist is clarifying the submission.	9(2)	2	Ø=Not Specified, Default 1=No Override 2=Other Override 3=Vacation Supply 4=Lost Prescription 5=Therapy Change 6=Starter Dose 7=Medically Necessary 8=Process Compound For Approved Ingredients 9=Encounters 99=Other	8 or 08 as necessary to process approved compound ingredients. Otherwise N/A.
46Ø-ET	QUANTITY PRESCRIBED	O	Amount expressed in metric decimal units.	9(7)v999	1Ø		N/A
3Ø8-C8	OTHER COVERAGE CODE	O	Code indicating whether or not the patient has other insurance coverage.	9(2)	2	ØØ=Not Specified Ø1=No other coverage Ø2=Other coverage exists-payment collected Ø3=Other coverage exists- claim not covered Ø4=Other coverage exists-payment not collected Ø5=Managed care plan denial Ø6=Other coverage denied-not participating provider Ø7=Other coverage exists-not in effect on DOS Ø8=Claim is billing for copay	Optional. Default to Ø1 if nothing entered. Ø1=No other coverage Ø2=Other coverage exists-payment collected Ø3=Other coverage exists-claim not covered Ø4=Other coverage exists-payment not collected Ø5=Managed care plan denial Ø6=Other coverage denied-not participating provider Ø7=Other coverage exists-not in effect at time of service Ø8=Claim is billing for copay
429-DT	UNIT DOSE INDICATOR	O	Code indicating the type of unit dose dispensing.	9(1)	1	Ø=Not Specified 1=Not Unit Dose 2=Manufacturer Unit Dose 3=Pharmacy Unit Dose 4=Custom Packaging	N/A
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	O	Code qualifying the value in 'Originally Prescribed Product/Service Code' (Field 445-EA).	x(2)	2	See Appendix K - Product/Service Qualifier	N/A
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	O	Code of the initially prescribed product or service.	x(19)	19		N/A

Claims Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
446-EB	ORIGINALLY PRESCRIBED QUANTITY	O	Product initially prescribed amount expressed in metric decimal units.	9(7)v999	1Ø		N/A
33Ø-CW	ALTERNATE ID	O	Person identifier to be used for controlled product reporting. Identifier may be that of the patient or the person picking up the prescription as required by the governing body.	x(2Ø)	2Ø		N/A
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	O	The serial number of the prescription blank/form.	x(12)	12		N/A
6ØØ-28	UNIT OF MEASURE	O	NCPDP standard product billing codes.	x(2)	2	EA=Each GM=Grams ML=Milliliters	N/A
418-DI	LEVEL OF SERVICE	O	Coding indicating the type of service the provider rendered.	9(2)	2	Ø=Not Specified 1=Patient consultation 2=Home delivery 3=Emergency 4=24 hour service 5=Patient consultation regarding generic product selection 6=In-Home Service	N/A
461-EU	PRIOR AUTHORIZATION TYPE CODE	O		9(2)	2	Ø=Not Specified 1=Prior Authorization 2=Medical Certification 3=EPSDT (Early Periodic Screening Diagnosis Treatment) 4=Exemption from Copay 5=Exemption from RX 6=Family Plan. Indic. 7=AFDC (Aid to Families with Dependent Children) 8=Payer Defined Exemption	Value of '01' when applicable, to indicate Prior Authorization.
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	O	Number submitted by the provider to identify the prior authorization.	9(11)	11		Prior Authorization number.
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	O	Value indicating that authorization occurred for intermediary processing.	9(2)	2	Ø=Not Specified 1=Intermediary Authorization 99=Other Override	N/A

Claims Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
464-EX	INTERMEDIARY AUTHORIZATION ID	O	Value indicating intermediary authorization occurred.	x(11)	11		N/A
343-HD	DISPENSING STATUS	O	Code indicating the quantity dispensed is a partial fill or the completion of a partial fill. Used only in situations where inventory shortages do not allow the full quantity to be dispensed.	x(1)	1	Blank=Not Specified P=Partial Fill C=Completion of Partial Fill	N/A
344-HF	QUANTITY INTENDED TO BE DISPENSED	O	Metric decimal quantity of medication that would be dispensed on original filling if inventory were available. Used in association with a 'P' or 'C' in 'Dispensing Status' (343-HD).	9(7)V999	1Ø		N/A
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	O	Days supply for metric decimal quantity of medication that would be dispensed on original dispensing if inventory were available. Used in association with a 'P' or 'C' in 'Dispensing Status' (343-HD).	9(3)	3		N/A

Pharmacy Provider Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified Ø1=Patient Ø2=Pharmacy Provider Ø3=Prescriber Ø4=Insurance Ø5=Coordination of Benefits/Other Payments Ø6=Worker's Compensation Ø7=Claim Ø8=DUR/PPS Ø9=Coupon 1Ø=Compound 11=Pricing 12=Prior Authorization 13=Clinical	N/A
465-EY	PROVIDER ID QUALIFIER	O	Code qualifying the 'Provider ID' (444-E9).	x(2)	2	Blank=Not Specified Ø1=Drug Enforcement Administration (DEA) Ø2=State License Ø3=Social Security Number (SSN) Ø4=Name Ø5=National Provider Identifier (NPI) Ø6=Health Industry Number (HIN) Ø7=State Issued 99=Other	N/A
444-E9	PROVIDER ID	O	Unique ID assigned to the person responsible for the dispensing of the prescription or provision of the service.	x(15)	15		N/A

Prescriber Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified Ø1=Patient Ø2=Pharmacy Provider Ø3=Prescriber Ø4=Insurance Ø5=Coordination of Benefits/Other Payments Ø6=Worker's Compensation Ø7=Claim Ø8=DUR/PPS Ø9=Coupon 1Ø=Compound 11=Pricing 12=Prior Authorization 13=Clinical	Ø3=Prescriber
466-EZ	PRESCRIBER ID QUALIFIER	M	Code qualifying the 'Prescriber ID' (411-DB).	x(2)	2	Blank=Not Specified Ø1=National Provider Identifier (NPI) Ø2=Blue Cross Ø3=Blue Shield Ø4=Medicare Ø5=Medicaid Ø6=UPIN Ø7=NCPDP Provider ID Ø8=State License Ø9=Champus 1Ø=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (DEA) Number 13=State Issued 14=Plan Specific 99=Other	Required. 01=National Provider Identifier (NPI) or (08=State license number – Will continue to be accepted in place of the NPI number.)
411-DB	PRESCRIBER ID	M	ID assigned to the prescriber.	x(15)	15		Required. Based on the Prescriber ID Qualifier field, this reports either the 10 digit NPI Number or the state license number of the prescribing practitioner.
467-1E	PRESCRIBER LOCATION CODE	O	Location address code assigned to the prescriber as identified in the National Provider System (NPS).	x(3)	3		N/A
427-DR	PRESCRIBER LAST NAME	O	Individual last name.	x(15)	15		N/A
498-PM	PRESCRIBER PHONE NUMBER	O	Ten digit phone number of the prescriber.	9(1Ø)	1Ø		N/A

Prescriber Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	O	Code qualifying the 'Primary Care Provider ID' (421-DL).	x(2)	2	Blank=Not Specified Ø1=National Provider Identifier (NPI) Ø2=Blue Cross Ø3=Blue Shield Ø4=Medicare Ø5=Medicaid Ø6=UPIN Ø7=NCPDP Provider ID Ø8=State License Ø9=Champus 1Ø=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (DEA) Number 13=State Issued 14=Plan Specific 99=Other	N/A
421-DL	PRIMARY CARE PROVIDER ID	O	ID assigned to the primary care provider. Used when the patient is referred to a secondary care provider.	x(15)	15		N/A
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	O	Location address code assigned to the primary care provider as identified in the National Provider System (NPS).	x(3)	3		N/A
47Ø-4E	PRIMARY CARE PROVIDER LAST NAME	O	Individual last name.	x(15)	15		N/A

COB / Other Payments Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified Ø1=Patient Ø2=Pharmacy Provider Ø3=Prescriber Ø4=Insurance Ø5=Coordination of Benefits/Other Payments Ø6=Worker's Compensation Ø7=Claim Ø8=DUR/PPS Ø9=Coupon 1Ø=Compound 11=Pricing 12=Prior Authorization 13=Clinical	Ø5=Coordination of Benefits/Other Payments
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	M	Count of other payment occurrences.	9(1)	1		Only first occurrence will be used.
338-5C	OTHER PAYER COVERAGE TYPE	M***R***	Code identifying the type of 'Other Payer ID' (34Ø-7C).	x(2)	2	Blank=Not Specified Ø1=Primary Ø2=Secondary Ø3=Tertiary 98=Coupon 99=Composite	N/A
339-6C	OTHER PAYER ID QUALIFIER	O***R***	Code qualifying the 'Other Payer ID' (34Ø-7C).	x(2)	2	Blank=Not Specified Ø1=National Payer ID Ø2=Health Industry Number (HIN) Ø3=Bank Information Number (BIN) Ø4=National Association of Insurance Commissioners (NAIC) Ø9=Coupon 99=Other	N/A
34Ø-7C	OTHER PAYER ID	O***R***	ID assigned to the payer.	x(1Ø)	1Ø		N/A
443-E8	OTHER PAYER DATE	O***R***	Payment or denial date of the claim submitted to the other payer. Used for coordination of benefits.	9(8)	8		Format=CCYYMMDD Optional, will capture if sent.
341-HB	OTHER PAYER AMOUNT PAID COUNT	O	Count of the payer amount paid occurrences.	9(1)	1		Only first occurrence will be used.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	M***R***	Code qualifying the 'Other Payer Amount Paid' (431-DV).	x(2)	2	Blank=Not Specified Ø1=Delivery Ø2=Shipping Ø3=Postage Ø4=Administrative Ø5=Incentive Ø6=Cognitive Service Ø7=Drug Benefit Ø8=Sum of All Reimbursement 98=Coupon 99=Other	Ø8=Sum of All Reimbursement

COB / Other Payments Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
431-DV	OTHER PAYER AMOUNT PAID	M***R***	Amount of any payment known by the pharmacy from other sources (including coupons).	s9(6)v99	8		Enter the total amount paid by all other insurers.
471-5E	OTHER PAYER REJECT COUNT	O	Count of 'Other Payer Reject Code' (472-6E) occurrences.	9(2)	2		N/A
472-6E	OTHER PAYER REJECT CODE	O***R***	The error encountered by the previous "Other Payer" in 'Reject Code' (511-FB).	x(3)	3		N/A

Worker's Compensation Segment: Not Used

This segment will not be used in Alabama.

DUR / PPS Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified Ø1=Patient Ø2=Pharmacy Provider Ø3=Prescriber Ø4=Insurance Ø5=Coordination of Benefits/Other Payments Ø6=Worker's Compensation Ø7=Claim Ø8=DUR/PPS Ø9=Coupon 1Ø=Compound 11=Pricing 12=Prior Authorization 13=Clinical	Ø8=DUR/PPS
473-7E	DUR/PPS CODE COUNTER	O***R***	Counter number for each DUR/PPS set/logical grouping.	9(1)	1		1 = 1 occurrence allowed
439-E4	REASON FOR SERVICE CODE	O***R***	Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.	x(2)	2	Show (right click in box and choose show comment) comment icon for list of values	DD = Drug-Drug Interaction ER = Overuse HD = High Dose LD = Low Dose LR = Underuse PA = Drug-Age PS = Product Selection TD = Therapeutic Duplication
44Ø-E5	PROFESSIONAL SERVICE CODE	O***R***	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.	x(2)	2	Show (right click in box and choose show comment) comment icon for list of values	ØØ = No intervention MØ = Prescriber consulted PØ = Patient consulted RØ = Pharmacist consulted other source
441-E6	RESULT OF SERVICE CODE	O***R***	Action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service.	x(2)	2	Show (right click in box and choose show comment) comment icon for list of values	1A = Filled As is, False Postive 1B = Filled Prescription As is 1C = Filled, With Different Dose 1D = Filled, With Different Directions 1E = Filled, With Different Drug 1F = Filled, With Different Quantity 1G = Filled, With Prescriber Approval 1H = Brand-to-Generic Change 1K = Filled with Different Dosage Form 2A = Prescription Not Filled 2B = Not Filled, Directions Clarified

DUR / PPS Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
474-8E	DUR/PPS LEVEL OF EFFORT	O***R***	Code indicating the level of effort as determined by the complexity of decision making or resources utilized by a pharmacist to perform a professional service.	9(2)	2	Ø=Not Specified 11=Level 1 (Lowest) 12=Level 2 13=Level 3 14=Level 4 15=Level 5 (Highest)	N/A
475-J9	DUR CO-AGENT ID QUALIFIER	O***R***	Code qualifying the value in 'DUR Co-Agent ID' (476-H6).	x(2)	2	See Appendix K - Product/Service Qualifier	N/A
476-H6	DUR CO-AGENT ID	O***R***	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).	x(19)	19		N/A

Pricing Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified Ø1=Patient Ø2=Pharmacy Provider Ø3=Prescriber Ø4=Insurance Ø5=Coordination of Benefits/Other Payments Ø6=Worker's Compensation Ø7=Claim Ø8=DUR/PPS Ø9=Coupon 1Ø=Compound 11=Pricing 12=Prior Authorization 13=Clinical	11=Pricing
4Ø9-D9	INGREDIENT COST SUBMITTED	O	Submitted product component cost of the dispensed prescription. This amount is included in the 'Gross Amount Due' (43Ø-DU).	s9(6)v99	8		N/A
412-DC	DISPENSING FEE SUBMITTED	O	Dispensing fee submitted by the pharmacy. This amount is included in the 'Gross Amount Due' (43Ø-DU).	s9(6)v99	8		N/A
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	O	Amount submitted by the provider for professional services rendered.	s9(6)v99	8		N/A
433-DX	PATIENT PAID AMOUNT SUBMITTED	O	Amount the pharmacy received from the patient for the prescription dispensed.	s9(6)v99	8		N/A
438-E3	INCENTIVE AMOUNT SUBMITTED	O	Amount represents a fee that is submitted by the pharmacy for contractually agreed upon services. This amount is included in the 'Gross Amount Due' (43Ø-DU).	s9(6)v99	8		N/A
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	O	Count of other amount claimed submitted occurrences.	9(1)	1		N/A

Pricing Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	O***R***	Code identifying the additional incurred cost claimed in 'Other Amount Claimed Submitted' (48Ø-H9).	x(2)	2	Blank=Not Specified Ø1=Delivery Cost Ø2=Shipping Cost Ø3=Postage Cost Ø4=Administrative Cost 99=Other	N/A
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED	O***R***	Amount representing the additional incurred costs for a dispensed prescription or service.	s9(6)v99	8		N/A
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	O	Flat sales tax submitted for prescription. This amount is included in the 'Gross Amount Due' (43Ø-DU).	s9(6)v99	8		N/A
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	O	Percentage sales tax submitted.	s9(6)v99	8		N/A
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	O	Percentage sales tax rate used to calculate 'Percentage Sales Tax Amount Submitted' (482-GE).	s9(3)v4	7		N/A
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	O	Code indicating the basis for percentage sales tax.	x(2)	2	Blank=Not Specified Ø1=Gross Amount Due Ø2=Ingredient Cost Ø3=Ingredient Cost + Dispensing	N/A
426-DQ	USUAL AND CUSTOMARY CHARGE	O	Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed.	s9(6)v99	8		N/A

Pricing Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
43Ø-DU	Gross Amount Due	M	Total price claimed from all sources. For prescription claim request, field represents a sum of 'Ingredient Cost Submitted' (4Ø9-D9), 'Dispensing Fee Submitted' (412-DC), 'Flat Sales Tax Amount Submitted'(481-HA), 'Percentage Sales Tax Amount Submitted' (482-GE), 'Incentive Amount Submitted' (438-E3), 'Other Amount Claimed' (48Ø-H9). For service claim request, field represents a sum of 'Professional Services Fee Submitted' (477-BE), 'Flat Sales Tax Amount Submitted'(481-HA), 'Percentage Sales Tax Amount Submitted'(482-GE), 'Other Amount Claimed' (48Ø-H9).	s9(6)v99	8		Required. Format = $$$$$$cc.
423-DN	BASIS OF COST DETERMINATION	O	Code indicating the method by which 'Ingredient Cost Submitted' (Field 4Ø9-D9) was calculated.	x(2)	2	Blank=Not Specified ØØ=Not Specified Ø1=AWP (Average Wholesale Price) Ø2=Local Wholesaler Ø3=Direct Ø4=EAC (Estimated Acquisition Cost) Ø5=Acquisition Ø6=MAC (Maximum Allowable Cost) Ø7=Usual & Customary Ø9=Other	N/A

Coupon Segment: Not Used

This segment will not be used in Alabama.

Compound Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified Ø1=Patient Ø2=Pharmacy Provider Ø3=Prescriber Ø4=Insurance Ø5=Coordination of Benefits/Other Payments Ø6=Worker's Compensation Ø7=Claim Ø8=DUR/PPS Ø9=Coupon 1Ø=Compound 11=Pricing 12=Prior Authorization 13=Clinical	1Ø=Compound *** This segment will be used with the implementation of the interChange system. Go-live information, related to this new system, will be posted on Alabama Medicaid's Vendor page.
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	M	Dosage form of the complete compound mixture.	x(2)	2	Blank=Not Specified Ø1=Capsule Ø2=Ointment Ø3=Cream Ø4=Suppository Ø5=Powder Ø6=Emulsion Ø7=Liquid 1Ø=Tablet 11=Solution 12=Suspension 13=Lotion 14=Shampoo 15=Elixir 16=Syrup 17=Lozenge 18=Enema	N/A
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	M	NCPDP standard product billing codes.	9(1)	1	1=Each 2=Grams 3=Milliliters	N/A

Compound Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
452-EH	COMPOUND ROUTE OF ADMINISTRATION	M	Code for the route of administration of the complete compound mixture.	9(2)	2	Ø=Not Specified 1=Buccal 2=Dental 3=Inhalation 4=Injection 5=Intraperitoneal 6=Irrigation 7=Mouth/Throat 8=Mucous Membrane 9=Nasal 1Ø=Ophthalmic 11=Oral 12=Other/Miscellaneous 13=Otic 14=Perfusion 15=Rectal 16=Sublingual 17=Topical 18=Transdermal 19=Translingual 2Ø=Urethral 21=Vaginal 22=Enteral	N/A
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	Count of compound product IDs (both active and inactive) in the compound mixture submitted.	9(2)	2		A count of 1 to 25 allowed.
488-RE	COMPOUND PRODUCT ID QUALIFIER	M***R***	Code qualifying the type of product dispensed.	x(2)	2	See Appendix K - Product/Service Qualifier	Ø3 = National Drug Code One to twenty-five occurrences allowed.
489-TE	COMPOUND PRODUCT ID	M***R***	Product identification of an ingredient used in a compound.	x(19)	19		Enter the 11 digit NDC number. One to twenty-five occurrences allowed. Note: Prior Authorization must be acquired prior to billing for compound time
448-ED	COMPOUND INGREDIENT QUANTITY	M***R***	Amount expressed in metric decimal units of the product included in the compound mixture.	9(7)v999	1Ø		Enter the metric decimal quantity of the drug dispensed. Field length of 10 One to twenty-five occurrences allowed.
449-EE	COMPOUND INGREDIENT DRUG COST	O***R***	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).	s9(6)v99	8		Enter the ingredient cost. One to twenty-five occurrences allowed.

Compound Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	O***R***	Code indicating the method by which the drug cost of an ingredient used in a compound was calculated.	x(2)	2	Blank=Not Specified Ø1=AWP (Average Wholesale Price) Ø2=Local Wholesaler Ø3=Direct Ø4=EAC (Estimated Acquisition Cost) Ø5=Acquisition Ø6=MAC (Maximum Allowable Cost) Ø7=Usual & Customary Ø9=Other	N/A

Prior Authorization Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified Ø1=Patient Ø2=Pharmacy Provider Ø3=Prescriber Ø4=Insurance Ø5=Coordination of Benefits/Other Payments Ø6=Worker's Compensation Ø7=Claim Ø8=DUR/PPS Ø9=Coupon 1Ø=Compound 11=Pricing 12=Prior Authorization 13=Clinical	N/A
498-PA	REQUEST TYPE	M	Code identifying type of prior authorization request.	x(1)	1	1=Initial 2=Reauthorization 3=Deferre	N/A
498-PB	REQUEST PERIOD DATE-BEGIN	M	Beginning date for a prior authorization request.	9(8)	8		N/A
498-PC	REQUEST PERIOD DATE-END	M	Ending date for a prior authorization request.	9(8)	8		N/A
498-PD	BASIS OF REQUEST	M	Code describing the reason for prior authorization request.	x(2)	2	ME=Medical Exception PR=Plan Requirement PL=Increase Plan Limitation	N/A
498-PE	AUTHORIZED REPRESENTATIVE FIRST NAME	O	First name of the patient's authorized representative.	x(12)	12		N/A
498-PF	AUTHORIZED REPRESENTATIVE LAST NAME	O	Last name of the patient's authorized representative.	x(15)	15		N/A
498-PG	AUTHORIZED REPRESENTATIVE STREET ADDRESS	O	Free-form text for address information.	x(3Ø)	3Ø		N/A
498-PH	AUTHORIZED REPRESENTATIVE CITY ADDRESS	O	Free-form text for city name.	x(2Ø)	2Ø		N/A
498-PJ	AUTHORIZED REPRESENTATIVE STATE/PROVINCE ADDRESS	O	Standard State/Province code as defined by appropriate government agency.	x(2)	2	See Appendix L - United States and Canadian Province Postal Service Abbreviations	N/A
498-PK	AUTHORIZED REPRESENTATIVE ZIP/POSTAL ZONE	O	Code defining international postal zone excluding punctuation and blanks (zip code for US).	x(15)	15		N/A

Prior Authorization Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
498-PY	PRIOR AUTHORIZATION NUMBER--ASSIGNED	O	Unique number identifying the prior authorization assigned by the processor.	9(11)	11		N/A
5Ø3-F3	AUTHORIZATION NUMBER	O	Number assigned by the processor to identify an authorized transaction.	x(2Ø)	2Ø		N/A
498-PP	PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION	O	Free text message.	x(1)-x(5ØØ)	1-5ØØ		N/A

Clinical Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified Ø1=Patient Ø2=Pharmacy Provider Ø3=Prescriber Ø4=Insurance Ø5=Coordination of Benefits/Other Payments Ø6=Worker's Compensation Ø7=Claim Ø8=DUR/PPS Ø9=Coupon 1Ø=Compound 11=Pricing 12=Prior Authorization 13=Clinical	N/A
491-VE	DIAGNOSIS CODE COUNT	O	Count of diagnosis occurrences.	9(1)	1		N/A
492-WE	DIAGNOSIS CODE QUALIFIER	O***R***	Code qualifying the 'Diagnosis Code' (424-DO).	x(2)	2	Blank=Not Specified ØØ=Not Specified Ø1=International Classification of Diseases (ICD9) Ø2=International Classification of Diseases (ICD1Ø) Ø3=National Criteria Care Institute (NCCI) Ø4=The Systematized Nomenclature of Human and Veterinary Medicine (SNOMED) Ø5=Common Dental Terminology (CDT) Ø6=Medi-Span Diagnosis Code Ø7=American Psychiatric Association Diagnostic Statistical Manual of Mental Disorders(DSM IV) 99=Other	N/A
424-DO	DIAGNOSIS CODE	O***R***	Code identifying the diagnosis of the patient.	x(15)	15		N/A
493-XE	CLINICAL INFORMATION COUNTER	O***R***	Counter number of clinical information measurement set/logical grouping.	9(1)	1		N/A
494-ZE	MEASUREMENT DATE	O***R***	Date clinical information was collected or measured.	9(8)	8		N/A
495-H1	MEASUREMENT TIME	O***R***	Time clinical information was collected or measured.	9(4)	4		N/A

Clinical Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
496-H2	MEASUREMENT DIMENSION	O***R***	Code indicating the clinical domain of the observed value in 'Measurement Value' (499-H4).	x(2)	2	Show (right click in box and choose show comment) comment icon for list of values	N/A
497-H3	MEASUREMENT UNIT	O***R***	Code indicating the metric or English units used with the clinical information.	x(2)	2	Show (right click in box and choose show comment) comment icon for list of values	N/A
499-H4	MEASUREMENT VALUE	O***R***	Actual value of clinical information.	x(15)	15		N/A

Billing Paid Response

Response Header Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
1Ø2-A2	VERSION/RELEASE NUMBER	M	Code uniquely identifying the transmission syntax and corresponding Data Dictionary	x(2)	2	51=Version 51	51
1Ø3-A3	TRANSACTION CODE	M	Code identifying the type of transaction.	x(2)	2	E1=Eligibility Verification B1=Billing B2=Reversal B3=Rebill P1=P.A. Request & Billing P2=P.A. Reversal P3=P.A. Inquiry P4=P.A. Request Only N1=Information Reporting N2=Information Reporting Reversal N3=Information Reporting Rebill C1=Controlled Substance	B1
1Ø9-A9	TRANSACTION COUNT	M	Count of transactions in the transmission.	x(1)	1	**Blank=Not Specified 1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences**	1 - 4 occurrences
5Ø1-F1	HEADER RESPONSE STATUS	M	Code indicating the status of the transmission.	x(1)	1	A=Accepted R=Rejected	A = Accepted
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M	Code qualifying the 'Service Provider ID' (2Ø1-B1).	x(2)	2	Blank=Not Specified Ø1=National Provider Identifier (NPI) Ø2=Blue Cross Ø3=Blue Shield Ø4=Medicare Ø5=Medicaid Ø6=UPIN Ø7=NCPDP Provider ID Ø8=State License Ø9=Champus 1Ø=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (D	same as input.
2Ø1-B1	SERVICE PROVIDER ID	M	ID assigned to a pharmacy or provider.	x(15)	15		same as input.
4Ø1-D1	DATE OF SERVICE	M	Identifies date the prescription was filled or professional service rendered.	9(8)	8		same as input.

Billing Paid Response

Response Message Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	N/A
5Ø4-F4	MESSAGE	O	Free form message.	x(1)-x(2ØØ)	1-2ØØ		N/A

Billing Paid Response

Response Insurance Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	N/A.
3Ø1-C1	GROUP ID	O	ID assigned to the cardholder group or employer group.	x(15)	15		N/A
524-FO	PLAN ID	O	Assigned by the processor to identify a set of parameters, benefit, or coverage criteria used to adjudicate a claim.	x(8)	8		N/A
545-2F	NETWORK REIMBURSEMENT ID	O	Field defined by the processor. It identifies the network, for the covered member, used to calculate the reimbursement to the pharmacy.	x(1Ø)	1Ø		N/A
568-J7	PAYER ID QUALIFIER	O	Code indicating the type of payer ID.	x(2)	2	Blank=Not Specified Ø1=National Payer ID Ø2=Health Industry Number (HIN) Ø3=Bank Information Number (BIN) Ø4=National Association of Insurance Commissioners (NAIC) 99=Other	N/A
569-J8	PAYER ID	O	ID of the payer.	x(1Ø)	1Ø		N/A

Billing Paid Response
Response Status Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	21 = Response Status
112-AN	TRANSACTION RESPONSE STATUS	M	Code indicating the status of the transaction.	x(1)	1	A=Approved C=Captured D=Duplicate of Paid F=PA Deferred P=Paid Q=Duplicate of Capture R=Rejected S=Duplicate of Approved	P = Paid
5Ø3-F3	AUTHORIZATION NUMBER	O	Number assigned by the processor to identify an authorized transaction.	x(2Ø)	2Ø		13 digit ICN (internal control number) assigned to paid claim.
51Ø-FA	REJECT COUNT	O	Count of 'Reject Code' (511-FB) occurrences.	9(2)	2		N/A
511-FB	REJECT CODE	O***R*** (up to 5)	Code indicating the error encountered.	x(3)	3	See NCPDP 5.1 data dictionary.	N/A
546-4F	REJECT FIELD OCCURRENCE INDICATOR	O***R*** (up to 5)	Identifies the counter number or occurrence of the field that is being rejected. Used to indicate rejects for repeating fields.	9(2)	2		N/A
547-5F	APPROVED MESSAGE CODE COUNT	O	Count of the 'Approved Message Code' (548-6F) occurrences.	9(1)	1		N/A
548-6F	APPROVED MESSAGE CODE	O***R*** (up to 5)	Message code, on an approved claim/service, communicating the need for an additional follow-up.	x(3)	3	Blank=Not Specified ØØ1=Generic Available ØØ2=Non-Formulary Drug ØØ3=Maintenance Drug	N/A
526-FQ	ADDITIONAL MESSAGE INFORMATION	O	Free text message.	x(1)-x(2ØØ)	2ØØ	Comments: The maximum length of field is 2ØØ characters.	Will be used to put EOB message concerning how the claim paid. Will be no more than 40 bytes long.
549-7F	HELP DESK PHONE NUMBER QUALIFIER	O	Code qualifying the phone number in the 'Help Desk Phone Number' (55Ø-8F).	x(2)	2	Blank=Not Specified Ø1=Switch Ø2=Intermediary Ø3=Processor/PBM 99=Other	N/A
55Ø-8F	HELP DESK PHONE NUMBER	O	Ten digit phone number of the help desk.	x(18)	18		N/A

Billing Paid Response

Response Claim Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	22 = Response Claim
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	Indicates the type of billing submitted.	x(1)	1	Blank=Not Specified 1=Rx Billing 2=Service Billing	same as input.
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	Reference number assigned by the provider for the dispensed drug/product and/or service provided.	9(7)	7		same as input.
551-9F	PREFERRED PRODUCT COUNT	O	Count of preferred product occurrences.	9(1)	1		N/A
552-AP	PREFERRED PRODUCT ID QUALIFIER	O***R***	Code qualifying the type of product ID submitted in 'Preferred Product ID' (553-AR).	x(2)	2		N/A
553-AR	PREFERRED PRODUCT ID	O***R***	Alternate product recommended by the plan.	x(19)	19		N/A
554-AS	PREFERRED PRODUCT INCENTIVE	O***R***	Amount of pharmacy incentive available for substitution of preferred product.	s9(6)v99	8		N/A
555-AT	PREFERRED PRODUCT COPAY INCENTIVE	O***R***	Amount of patient's copay/cost-share incentive for preferred product.	s9(6)v99	8		N/A
556-AU	PREFERRED PRODUCT DESCRIPTION	O***R***	Free text message.	x(4Ø)	4Ø		N/A

Billing Paid Response

Response Pricing Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	23 = Response Pricing Segment
5Ø5-F5	PATIENT PAY AMOUNT	M	Amount that is calculated by the processor and returned to the pharmacy as the TOTAL amount to be paid by the patient to the pharmacy; the patient's total cost share, including copayments, amounts applied to deductible, over maximum amounts, penalties, et	s9(6)v99	8	Format 999999.99	Total amount of copay to be paid by the patient.
5Ø6-F6	INGREDIENT COST PAID	M	Drug ingredient cost paid included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	8	Format 999999.99	Total amount that will be paid for the drug dispensed.
5Ø7-F7	DISPENSING FEE PAID	M	Dispensing fee paid included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	8	Format 999999.99	The dispensing fee amount that will be paid for this claim (system generated).
557-AV	TAX EXEMPT INDICATOR	O	Code indicating the payer as exempt from taxes.	x(1)	1	Blank=Not Specified 1=Tax Exempt 2=Not Tax Exempt	N/A
558-AW	FLAT SALES TAX AMOUNT PAID	O	Flat sales tax paid which is included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	8		N/A
559-AX	PERCENTAGE SALES TAX AMOUNT PAID	O	Amount of percentage sales tax paid which is included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	8		N/A
56Ø-AY	PERCENTAGE SALES TAX RATE PAID	O	Percentage sales tax rate used to calculate 'Percentage Sales Tax Amount Paid' (559-AX).	s9(3)v4	7		N/A
561-AZ	PERCENTAGE SALES TAX BASIS PAID	O	Code indicating the percentage sales tax paid basis.	x(2)	2	Blank=Not Specified Ø1=Gross Amount Due Ø2=Ingredient Cost Ø3=Ingredient Cost + Dispensing Fee	N/A

Billing Paid Response

Response Pricing Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
521-FL	INCENTIVE AMOUNT PAID	O	Amount represents the contractually agreed upon incentive fee paid for specific services rendered. Amount is included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	8		N/A
562-J1	PROFESSIONAL SERVICE FEE PAID	O	Amount representing the contractually agreed upon fee for professional services rendered. This amount is included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	8		N/A
563-J2	OTHER AMOUNT PAID COUNT	O	Count of the other amount paid occurrences.	9(1)	1		N/A
564-J3	OTHER AMOUNT PAID QUALIFIER	O***R***	Code clarifying the value in the 'Other Amount Paid' (565-J4).	x(2)	2	Blank=Not Specified Ø1=Delivery Ø2=Shipping Ø3=Postage Ø4=Administrative 99=Other	N/A
565-J4	OTHER AMOUNT PAID	O***R***	Amount paid for additional costs claimed in 'Other Amount Claimed Submitted' (48Ø-H9).	s9(6)v99	8		N/A
566-J5	OTHER PAYER AMOUNT RECOGNIZED	O	Total dollar amount of any payment from another source including coupons.	s9(6)v99	8		N/A
5Ø9-F9	TOTAL AMOUNT PAID	M	Total amount to be paid by the claims processor (i.e. pharmacy receivable). Represents a sum of 'Ingredient Cost Paid' (5Ø6-F6), 'Dispensing Fee Paid' (5Ø7-F7), 'Flat Sales Tax Amount Paid' (558-AW), 'Percentage Sales Tax Amount Paid' (559-AX), 'Incentive	s9(6)v99	8	Format 999999.99	Total amount that will be paid to the provider for this claim.

Billing Paid Response

Response Pricing Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	M	Code identifying how the reimbursement amount was calculated for 'Ingredient Cost Paid' (5Ø6-F6).	9(2)	2	Ø=Not Specified 1=Ingredient Cost Paid as Submitted 2=Ingredient Cost Reduced to AWP Pricing 3=Ingredient Cost Reduced to AWP Less X% Pricing 4=Usual & Customary Paid as Submitted 5=Paid Lower of Ingredient Cost Plus Fees Versus Usual and Customary 6=MAC Pricing Ingredient Cost Paid 7=MAC Pricing Ingredient Cost Reduced to MAC 8=Contract Pricing 9=Acquisition Pricing	**Value of 0 = DOJ** **Value of 1** = the billed amt was less than the allowed/calculated amt **Value of 3** = paid the AWP price less X% Pricing **Value of 6** = paid at MAC or FUL price **Value of 9** = paid at WAC price
523-FN	AMOUNT ATTRIBUTED TO SALES TAX	O	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to sales tax paid.	s9(6)v99	8		N/A
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT	O	Amount in dollars met by the patient/family in a deductible plan.	s9(6)v99	8		N/A
513-FD	REMAINING DEDUCTIBLE AMOUNT	O	Amount not met by the patient/family in the deductible plan.	s9(6)v99	8		N/A
514-FE	REMAINING BENEFIT AMOUNT	O	Amount remaining in a patient/family plan with a periodic maximum benefit.	s9(6)v99	8		N/A
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE	O	Amount to be collected from a patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is applied to a periodic deductible.	s9(6)v99	8		N/A
518-FI	AMOUNT OF COPAY/CO-INSURANCE	O	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to a per prescription copay/coinsurance.	s9(6)v99	8		N/A

Billing Paid Response
Response Pricing Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
519-FJ	AMOUNT ATTRIBUTED TO PRODUCT SELECTION	O	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to the patient's selection of drug product.	s9(6)v99	8		N/A
52Ø-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM	O	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to the patient exceeding a periodic benefit maximum.	s9(6)v99	8		N/A
346-HH	BASIS OF CALCULATION—DISPENSING FEE	O	Code indicating how the reimbursement amount was calculated for 'Dispensing Fee Paid' (5Ø7-F7).	x(2)	2	Blank=Not Specified ØØ=Not Specified Ø1=Quantity Dispensed Ø2=Quantity Intended To Be Dispensed Ø3=Usual & Customary/Prorated Ø4=Waived Due To Partial Fill 99=Other	N/A
347-HJ	BASIS OF CALCULATION—COPAY	O	Code indicating how the reimbursement amount was calculated for 'Patient Pay Amount'(5Ø5-F5).	x(2)	2	Blank=Not Specified ØØ=Not Specified Ø1=Quantity Dispensed Ø2=Quantity Intended To Be Dispensed Ø3=Usual & Customary/Prorated Ø4=Waived Due To Partial Fill 99=Other	N/A
348-HK	BASIS OF CALCULATION—FLAT SALES TAX	O	Code indicating how the reimbursement amount was calculated for 'Flat Sales Tax Amount Paid' (558-AW).	x(2)	2	Blank=Not Specified ØØ=Not Specified Ø1=Quantity Dispensed Ø2=Quantity Intended To Be Dispensed	N/A
349-HM	BASIS OF CALCULATION—PERCENTAGE SALES TAX	O	Code indicating how the reimbursement amount was calculated for 'Percentage Sales Tax Amount Paid' (559-AX).	x(2)	2	Blank=Not Specified ØØ=Not Specified Ø1=Quantity Dispensed Ø2=Quantity Intended To Be Dispensed	N/A

Billing Paid Response
Response DUR / PPS Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	N.A.
567-J6	DUR/PPS CODE COUNTER	O***R*** (up to 3)	Counter number for each DUR/PPS set/logical grouping.	9(1)	1		N.A.
439-E4	REASON FOR SERVICE CODE	O***R*** (up to 3)	Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.	x(2)	2	Show (right click in box and choose show comment) comment icon for list of values	N.A.
528-FS	CLINICAL SIGNIFICANCE CODE	O***R*** (up to 3)	Code identifying the significance or severity level of a clinical event as contained in the originating data base.	x(1)	1	Blank=Not Specified 1=Major 2=Moderate 3=Minor	N/A
529-FT	OTHER PHARMACY INDICATOR	O***R*** (up to 3)	Code indicating the pharmacy responsible for the previous event involved in the DUR conflict.	9(1)	1	Ø=Not Specified 1=Your Pharmacy 2=Other Pharmacy in Same Chain 3=Other Pharmacy	N/A
53Ø-FU	PREVIOUS DATE OF FILL	O***R*** (up to 3)	Date prescription was previously filled.	9(8)	8		N/A
531-FV	QUANTITY OF PREVIOUS FILL	O***R*** (up to 3)	Amount expressed in metric decimal units of the conflicting agent that was previously filled.	9(7)v999	1Ø		N/A
532-FW	DATABASE INDICATOR	O***R*** (up to 3)	Code identifying the source of drug information used for DUR processing.	x(1)	1	Blank=Not Specified 1=First Databank 2=Medi-Span 3=Redbook 4=Processor Developed 5=Other	N/A
533-FX	OTHER PRESCRIBER INDICATOR	O***R*** (up to 3)	Code comparing the prescriber of the current prescription to the prescriber of the previously filled conflicting prescription.	9(1)	1	Ø=Not Specified 1=Same Prescriber 2=Other Prescriber	N/A
544-FY	DUR FREE TEXT MESSAGE	O***R*** (up to 3)	Text that provides additional detail regarding a DUR conflict.	x(3Ø)	3Ø		N/A

Billing Paid Response
Response Prior Authorization Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	N/A
498-PR	PRIOR AUTHORIZATION PROCESSED DATE	O	Date the prior authorization request was processed.	9(8)	8		N/A
498-PS	PRIOR AUTHORIZATION EFFECTIVE DATE	O	Date the prior authorization became effective.	9(8)	8		N/A
498-PT	PRIOR AUTHORIZATION EXPIRATION DATE	O	Date the prior authorization ends.	9(8)	8		N/A
498-RA	PRIOR AUTHORIZATION QUANTITY	O	Amount authorized expressed in metric decimal units.	9(7)v999	1Ø		N/A
498-RB	PRIOR AUTHORIZATION DOLLARS AUTHORIZED	O	Amount authorized in the prior authorization.	s9(6)v99	8		N/A
498-PW	PRIOR AUTHORIZATION NUMBER OF REFILLS AUTHORIZED	O	Number of refills authorized by the prior authorization.	9(2)	2		N/A
498-PX	PRIOR AUTHORIZATION QUANTITY ACCUMULATED	O	Accumulated authorized amount expressed in metric decimal units.	9(7)v999	1Ø		N/A
498-PY	PRIOR AUTHORIZATION NUMBER - ASSIGNED	O	Unique number identifying the prior authorization assigned by the processor.	9(11)	11		N/A

Billing Rejected Response

Response Header Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
1Ø2-A2	VERSION/RELEASE NUMBER	M	Code uniquely identifying the transmission syntax and corresponding Data Dictionary	x(2)	2	51=Version 51	51
1Ø3-A3	TRANSACTION CODE	M	Code identifying the type of transaction.	x(2)	2	E1=Eligibility Verification B1=Billing B2=Reversal B3=Rebill P1=P.A. Request & Billing P2=P.A. Reversal P3=P.A. Inquiry P4=P.A. Request Only N1=Information Reporting N2=Information Reporting Reversal N3=Information Reporting Rebill C1=Controlled Substance	same as input. B1 = Billing
1Ø9-A9	TRANSACTION COUNT	M	Count of transactions in the transmission.	x(1)	1	Blank=Not Specified 1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences	1 - 4 occurrences
5Ø1-F1	HEADER RESPONSE STATUS	M	Code indicating the status of the transmission.	x(1)	1	A=Accepted R=Rejected	A = Accepted
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M	Code qualifying the 'Service Provider ID' (2Ø1-B1).	x(2)	2	Blank=Not Specified Ø1=National Provider Identifier (NPI) Ø2=Blue Cross Ø3=Blue Shield Ø4=Medicare Ø5=Medicaid Ø6=UPIN Ø7=NCPDP Provider ID Ø8=State License Ø9=Champus 1Ø=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (D	Same as input.
2Ø1-B1	SERVICE PROVIDER ID	M	ID assigned to a pharmacy or provider.	x(15)	15		Same as input.
4Ø1-D1	DATE OF SERVICE	M	Identifies date the prescription was filled or professional service rendered.	9(8)	8		Same as input.

Billing Rejected Response

Response Message Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	20
5Ø4-F4	MESSAGE	O	Free form message.	x(1)-x(2ØØ)	1-2ØØ		This field will contain the number of errors generated, as well as the internal four digit numbers that correspond to the rejection or informational codes generated on the transaction. Format will be AAXXXXYYYYZZZZ where AA will indicate the number of codes, and XXXX, YYYY, and ZZZZ would represent the internal error codes or informational codes generated on the transaction.

Billing Rejected Response

Response Insurance Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	N/A
3Ø1-C1	GROUP ID	O	ID assigned to the cardholder group or employer group.	x(15)	15		N/A
524-FO	PLAN ID	O	Assigned by the processor to identify a set of parameters, benefit, or coverage criteria used to adjudicate a claim.	x(8)	8		N/A
545-2F	NETWORK REIMBURSEMENT ID	O	Field defined by the processor. It identifies the network, for the covered member, used to calculate the reimbursement to the pharmacy.	x(1Ø)	1Ø		N/A
568-J7	PAYER ID QUALIFIER	O	Code indicating the type of payer ID.	x(2)	2	Blank=Not Specified Ø1=National Payer ID Ø2=Health Industry Number (HIN) Ø3=Bank Information Number (BIN) Ø4=National Association of Insurance Commissioners (NAIC) 99=Other	N/A
569-J8	PAYER ID	O	ID of the payer.	x(1Ø)	1Ø		N/A

Billing Rejected Response
Response Status Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	21 = Response Status
112-AN	TRANSACTION RESPONSE STATUS	M	Code indicating the status of the transaction.	x(1)	1	A=Approved C=Captured D=Duplicate of Paid F=PA Deferred P=Paid Q=Duplicate of Capture R=Rejected S=Duplicate of Approved	R = Rejected
5Ø3-F3	AUTHORIZATION NUMBER	O	Number assigned by the processor to identify an authorized transaction.	x(2Ø)	2Ø		N/A
51Ø-FA	REJECT COUNT	O	Count of 'Reject Code' (511-FB) occurrences.	9(2)	2		1 to 5
511-FB	REJECT CODE	O***R*** (up to 5)	Code indicating the error encountered.	x(3)	3	See NCPDP 5.1 Data Dictionary.	The two digit NCPDP reject code.
546-4F	REJECT FIELD OCCURRENCE INDICATOR	O***R*** (up to 5)	Identifies the counter number or occurrence of the field that is being rejected. Used to indicate rejects for repeating fields.	9(2)	2		On multiple detail transactions, this field will reflect the detail number to which the reject code applies.
547-5F	APPROVED MESSAGE CODE COUNT	O	Count of the 'Approved Message Code' (548-6F) occurrences.	9(1)	1		N/A
548-6F	APPROVED MESSAGE CODE	O***R*** (up to 5)	Message code, on an approved claim/service, communicating the need for an additional follow-up.	x(3)	3	Blank=Not Specified ØØ1=Generic Available ØØ2=Non-Formulary Drug ØØ3=Maintenance Drug	N/A
526-FQ	ADDITIONAL MESSAGE INFORMATION	O	Free text message.	x(1)-x(2ØØ)	2ØØ	Comments: The maximum length of field is 2ØØ characters.	This field will contain the text descriptions that correspond to the codes returned in the Response Message segment, field #504-F4. Each description will be no more than 40 bytes in length, and will be separated by a semi-colon.
549-7F	HELP DESK PHONE NUMBER QUALIFIER	O	Code qualifying the phone number in the 'Help Desk Phone Number' (55Ø-8F).	x(2)	2	Blank=Not Specified Ø1=Switch Ø2=Intermediary Ø3=Processor/PBM 99=Other	N/A
55Ø-8F	HELP DESK PHONE NUMBER	O	Ten digit phone number of the help desk.	x(18)	18		N/A

Billing Rejected Response

Response Claim Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	22 = Response Claim
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	Indicates the type of billing submitted.	x(1)	1	Blank=Not Specified 1=Rx Billing 2=Service Billing	same as input.
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	Reference number assigned by the provider for the dispensed drug/product and/or service provided.	9(7)	7		same as input.
551-9F	PREFERRED PRODUCT COUNT	O	Count of preferred product occurrences.	9(1)	1		N/A
552-AP	PREFERRED PRODUCT ID QUALIFIER	O***R***	Code qualifying the type of product ID submitted in 'Preferred Product ID' (553-AR).	x(2)	2		N/A
553-AR	PREFERRED PRODUCT ID	O***R***	Alternate product recommended by the plan.	x(19)	19		N/A
554-AS	PREFERRED PRODUCT INCENTIVE	O***R***	Amount of pharmacy incentive available for substitution of preferred product.	s9(6)v99	8		N/A
555-AT	PREFERRED PRODUCT COPAY INCENTIVE	O***R***	Amount of patient's copay/cost-share incentive for preferred product.	s9(6)v99	8		N/A
556-AU	PREFERRED PRODUCT DESCRIPTION	O***R***	Free text message.	x(4Ø)	4Ø		N/A

Billing Rejected Response
Response DUR / PPS Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	24 = Response DUR/PPS
567-J6	DUR/PPS CODE COUNTER	O***R*** (up to 3)	Counter number for each DUR/PPS set/logical grouping.	9(1)	1		1 - 3 allowed
439-E4	REASON FOR SERVICE CODE	O***R*** (up to 3)	Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.	x(2)	2	Show (right click in box and choose show comment) comment icon for list of values	DD = Drug-Drug Interaction ER = Overuse HD = High Dose LD = Low Dose LR = Underuse PA = Drug-Age PS = Product Selection TD = Therapeutic Duplication
528-FS	CLINICAL SIGNIFICANCE CODE	O***R*** (up to 3)	Code identifying the significance or severity level of a clinical event as contained in the originating data base.	x(1)	1	Blank=Not Specified 1=Major 2=Moderate 3=Minor	Blank=Not Specified 1=Major 2=Moderate 3=Minor
529-FT	OTHER PHARMACY INDICATOR	O***R*** (up to 3)	Code indicating the pharmacy responsible for the previous event involved in the DUR conflict.	9(1)	1	Ø=Not Specified 1=Your Pharmacy 2=Other Pharmacy in Same Chain 3=Other Pharmacy	Ø=Not Specified 1=Your Pharmacy 2=Other Pharmacy in Same Chain 3=Other Pharmacy
53Ø-FU	PREVIOUS DATE OF FILL	O***R*** (up to 3)	Date prescription was previously filled.	9(8)	8		Format=CCYYMMDD
531-FV	QUANTITY OF PREVIOUS FILL	O***R*** (up to 3)	Amount expressed in metric decimal units of the conflicting agent that was previously filled.	9(7)v999	1Ø		Format 9999999V999.
532-FW	DATABASE INDICATOR	O***R*** (up to 3)	Code identifying the source of drug information used for DUR processing.	x(1)	1	Blank=Not Specified 1=First Databank 2=Medi-Span 3=Redbook 4=Processor Developed 5=Other	Blank=Not Specified 1=First Databank
533-FX	OTHER PRESCRIBER INDICATOR	O***R*** (up to 3)	Code comparing the prescriber of the current prescription to the prescriber of the previously filled conflicting prescription.	9(1)	1	Ø=Not Specified 1=Same Prescriber 2=Other Prescriber	Ø=Not Specified 1=Same Prescriber 2=Other Prescriber

Billing Rejected Response
Response DUR / PPS Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
544-FY	DUR FREE TEXT MESSAGE	O***R*** (up to 3)	Text that provides additional detail regarding a DUR conflict.	x(3Ø)	3Ø		1 - 30 characters.

Duplicate Billing Response

Response Header Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
1Ø2-A2	VERSION/RELEASE NUMBER	M	Code uniquely identifying the transmission syntax and corresponding Data Dictionary	x(2)	2	51=Version 51	51
1Ø3-A3	TRANSACTION CODE	M	Code identifying the type of transaction.	x(2)	2	E1=Eligibility Verification B1=Billing B2=Reversal B3=Rebill P1=P.A. Request & Billing P2=P.A. Reversal P3=P.A. Inquiry P4=P.A. Request Only N1=Information Reporting N2=Information Reporting Reversal N3=Information Reporting Rebill C1=Controlled Substance	B1
1Ø9-A9	TRANSACTION COUNT	M	Count of transactions in the transmission.	x(1)	1	Blank=Not Specified 1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences	1 - 4 occurrences
5Ø1-F1	HEADER RESPONSE STATUS	M	Code indicating the status of the transmission.	x(1)	1	A=Accepted R=Rejected	A = Accepted
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M	Code qualifying the 'Service Provider ID' (2Ø1-B1).	x(2)	2	Blank=Not Specified Ø1=National Provider Identifier (NPI) Ø2=Blue Cross Ø3=Blue Shield Ø4=Medicare Ø5=Medicaid Ø6=UPIN Ø7=NCPDP Provider ID Ø8=State License Ø9=Champus 1Ø=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (D	Same as input.
2Ø1-B1	SERVICE PROVIDER ID	M	ID assigned to a pharmacy or provider.	x(15)	15		Same as input.
4Ø1-D1	DATE OF SERVICE	M	Identifies date the prescription was filled or professional service rendered.	9(8)	8		Same as input.

Duplicate Billing Response

Response Message Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	N/A
5Ø4-F4	MESSAGE	O	Free form message.	x(1)-x(2ØØ)	1-2ØØ		This field will contain the number of errors generated, as well as the internal four digit numbers that correspond to the rejection or informational codes generated on the transaction. Format will be AAXXXXYYYYZZZZ where AA will indicate the number of codes, and XXXX, YYYY, and ZZZZ would represent the internal error codes or informational codes generated on the transaction

Duplicate Billing Response

Response Insurance Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	N/A.
3Ø1-C1	GROUP ID	O	ID assigned to the cardholder group or employer group.	x(15)	15		N/A
524-FO	PLAN ID	O	Assigned by the processor to identify a set of parameters, benefit, or coverage criteria used to adjudicate a claim.	x(8)	8		N/A
545-2F	NETWORK REIMBURSEMENT ID	O	Field defined by the processor. It identifies the network, for the covered member, used to calculate the reimbursement to the pharmacy.	x(1Ø)	1Ø		N/A
568-J7	PAYER ID QUALIFIER	O	Code indicating the type of payer ID.	x(2)	2	Blank=Not Specified Ø1=National Payer ID Ø2=Health Industry Number (HIN) Ø3=Bank Information Number (BIN) Ø4=National Association of Insurance Commissioners (NAIC) 99=Other	N/A
569-J8	PAYER ID	O	ID of the payer.	x(1Ø)	1Ø		N/A

Duplicate Billing Response
Response Status Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	21 = Response Status
112-AN	TRANSACTION RESPONSE STATUS	M	Code indicating the status of the transaction.	x(1)	1	A=Approved C=Captured D=Duplicate of Paid F=PA Deferred P=Paid Q=Duplicate of Capture R=Rejected S=Duplicate of Approved	D = Duplicate of Paid
5Ø3-F3	AUTHORIZATION NUMBER	O	Number assigned by the processor to identify an authorized transaction.	x(2Ø)	2Ø		13 digit ICN (internal control number) assigned to previously paid claim. **
51Ø-FA	REJECT COUNT	O	Count of 'Reject Code' (511-FB) occurrences.	9(2)	2		N/A
511-FB	REJECT CODE	O***R*** (up to 5)	Code indicating the error encountered.	x(3)	3		N/A
546-4F	REJECT FIELD OCCURRENCE INDICATOR	O***R*** (up to 5)	Identifies the counter number or occurrence of the field that is being rejected. Used to indicate rejects for repeating fields.	9(2)	2		N/A
547-5F	APPROVED MESSAGE CODE COUNT	O	Count of the 'Approved Message Code' (548-6F) occurrences.	9(1)	1		N/A
548-6F	APPROVED MESSAGE CODE	O***R*** (up to 5)	Message code, on an approved claim/service, communicating the need for an additional follow-up.	x(3)	3	Blank=Not Specified ØØ1=Generic Available ØØ2=Non-Formulary Drug ØØ3=Maintenance Drug	N/A

Duplicate Billing Response
Response Status Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
526-FQ	ADDITIONAL MESSAGE INFORMATION	O	Free text message.	x(1)-x(2ØØ)	2ØØ	Comments: The maximum length of field is 2ØØ characters.	This will be a 40 byte message field indicating additional information. For a duplicate, a message indicating the transaction is a duplicate will appear in the 40 byte area, followed by the date the claim was submitted. If the pharmacy billing the transaction is different from the claim in history, a message indicating only the ICN will appear in the 40 byte area.
549-7F	HELP DESK PHONE NUMBER QUALIFIER	O	Code qualifying the phone number in the 'Help Desk Phone Number' (55Ø-8F).	x(2)	2	Blank=Not Specified Ø1=Switch Ø2=Intermediary Ø3=Processor/PBM 99=Other	N/A
55Ø-8F	HELP DESK PHONE NUMBER	O	Ten digit phone number of the help desk.	x(18)	18		N/A

Duplicate Billing Response
Response Claim Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	22 = Response Claim
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	Indicates the type of billing submitted.	x(1)	1	Blank=Not Specified 1=Rx Billing 2=Service Billing	Same as input.
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	Reference number assigned by the provider for the dispensed drug/product and/or service provided.	9(7)	7		Same as input.
551-9F	PREFERRED PRODUCT COUNT	O	Count of preferred product occurrences.	9(1)	1		N/A
552-AP	PREFERRED PRODUCT ID QUALIFIER	O***R***	Code qualifying the type of product ID submitted in 'Preferred Product ID' (553-AR).	x(2)	2		N/A
553-AR	PREFERRED PRODUCT ID	O***R***	Alternate product recommended by the plan.	x(19)	19		N/A
554-AS	PREFERRED PRODUCT INCENTIVE	O***R***	Amount of pharmacy incentive available for substitution of preferred product.	s9(6)v99	8		N/A
555-AT	PREFERRED PRODUCT COPAY INCENTIVE	O***R***	Amount of patient's copay/cost-share incentive for preferred product.	s9(6)v99	8		N/A
556-AU	PREFERRED PRODUCT DESCRIPTION	O***R***	Free text message.	x(4Ø)	4Ø		N/A

Duplicate Billing Response
Response Pricing Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	23=Response Pricing
5Ø5-F5	PATIENT PAY AMOUNT	O	Amount that is calculated by the processor and returned to the pharmacy as the TOTAL amount to be paid by the patient to the pharmacy; the patient's total cost share, including copayments, amounts applied to deductible, over maximum amounts, penalties, et	s9(6)v99	8	Format 999999.99	Total amount of copay paid by the patient on the claim in history. If the pharmacy billing the claim is different than the one in history, or if the claim is more than seven days old, this field will be zero.
5Ø6-F6	INGREDIENT COST PAID	O	Drug ingredient cost paid included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	8	Format 999999.99	Total amount that was paid for the drug dispensed. If the pharmacy billing the claim is different than the one in history, or if the claim is more than seven days old, this field will be zero.
5Ø7-F7	DISPENSING FEE PAID	O	Dispensing fee paid included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	8	Format 999999.99	The dispensing fee amount that was paid for this claim. If the pharmacy billing the claim is different than the one in history, or if the claim is more than seven days old, this field will be zero.
557-AV	TAX EXEMPT INDICATOR	O	Code indicating the payer as exempt from taxes.	x(1)	1	Blank=Not Specified 1=Tax Exempt 2=Not Tax Exempt	N/A
558-AW	FLAT SALES TAX AMOUNT PAID	O	Flat sales tax paid which is included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	8		N/A
559-AX	PERCENTAGE SALES TAX AMOUNT PAID	O	Amount of percentage sales tax paid which is included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	8		N/A

Response Pricing Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
56Ø-AY	PERCENTAGE SALES TAX RATE PAID	O	Percentage sales tax rate used to calculate 'Percentage Sales Tax Amount Paid' (559-AX).	s9(3)v4	7		N/A
561-AZ	PERCENTAGE SALES TAX BASIS PAID	O	Code indicating the percentage sales tax paid basis.	x(2)	2	Blank=Not Specified Ø1=Gross Amount Due Ø2=Ingredient Cost Ø3=Ingredient Cost + Dispensing Fee	N/A
521-FL	INCENTIVE AMOUNT PAID	O	Amount represents the contractually agreed upon incentive fee paid for specific services rendered. Amount is included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	8		N/A
562-J1	PROFESSIONAL SERVICE FEE PAID	O	Amount representing the contractually agreed upon fee for professional services rendered. This amount is included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	8		N/A
563-J2	OTHER AMOUNT PAID COUNT	O	Count of the other amount paid occurrences.	9(1)	1		N/A
564-J3	OTHER AMOUNT PAID QUALIFIER	O***R***	Code clarifying the value in the 'Other Amount Paid' (565-J4).	x(2)	2	Blank=Not Specified Ø1=Delivery Ø2=Shipping Ø3=Postage Ø4=Administrative 99=Other	N/A
565-J4	OTHER AMOUNT PAID	O***R***	Amount paid for additional costs claimed in 'Other Amount Claimed Submitted' (48Ø-H9).	s9(6)v99	8		N/A
566-J5	OTHER PAYER AMOUNT RECOGNIZED	O	Total dollar amount of any payment from another source including coupons.	s9(6)v99	8		N/A

Duplicate Billing Response

Response Pricing Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
5Ø9-F9	TOTAL AMOUNT PAID	O	Total amount to be paid by the claims processor (i.e. pharmacy receivable). Represents a sum of 'Ingredient Cost Paid' (5Ø6-F6), 'Dispensing Fee Paid' (5Ø7-F7), 'Flat Sales Tax Amount Paid' (558-AW), 'Percentage Sales Tax Amount Paid' (559-AX), 'Incentive	s9(6)v99	8	Format 999999.99	Total amount that was paid to the provider for the claim in history. If the pharmacy billing the claim is different than the one in history, or if the claim is more than seven days old, this field will be zero.
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	O	Code identifying how the reimbursement amount was calculated for 'Ingredient Cost Paid' (5Ø6-F6).	9(2)	2	Ø=Not Specified 1=Ingredient Cost Paid as Submitted 2=Ingredient Cost Reduced to AWP Pricing 3=Ingredient Cost Reduced to AWP Less X% Pricing 4=Usual & Customary Paid as Submitted 5=Paid Lower of Ingredient Cost Plus Fees Versus Usual and Customary 6=MAC Pricing Ingredient paid 7=MAC Pricing Ingredient Cost Reduced to MAC 8=Contract Pricing 9=Acquisition Pricing	Return the appropriate value as defined by the customer.
523-FN	AMOUNT ATTRIBUTED TO SALES TAX	O	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to sales tax paid.	s9(6)v99	8		N/A
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT	O	Amount in dollars met by the patient/family in a deductible plan.	s9(6)v99	8		N/A
513-FD	REMAINING DEDUCTIBLE AMOUNT	O	Amount not met by the patient/family in the deductible plan.	s9(6)v99	8		N/A
514-FE	REMAINING BENEFIT AMOUNT	O	Amount remaining in a patient/family plan with a periodic maximum benefit.	s9(6)v99	8		N/A

Duplicate Billing Response

Response Pricing Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE	O	Amount to be collected from a patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is applied to a periodic deductible.	s9(6)v99	8		N/A
518-FI	AMOUNT OF COPAY/CO-INSURANCE	O	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to a per prescription copay/coinsurance.	s9(6)v99	8		N/A
519-FJ	AMOUNT ATTRIBUTED TO PRODUCT SELECTION	O	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to the patient's selection of drug product.	s9(6)v99	8		N/A
52Ø-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM	O	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to the patient exceeding a periodic benefit maximum.	s9(6)v99	8		N/A
346-HH	BASIS OF CALCULATION—DISPENSING FEE	O	Code indicating how the reimbursement amount was calculated for 'Dispensing Fee Paid' (5Ø7-F7).	x(2)	2	Blank=Not Specified ØØ=Not Specified Ø1=Quantity Dispensed Ø2=Quantity Intended To Be Dispensed Ø3=Usual & Customary/Prorated Ø4=Waived Due To Partial Fill 99=Other	N/A
347-HJ	BASIS OF CALCULATION—COPAY	O	Code indicating how the reimbursement amount was calculated for 'Patient Pay Amount'(5Ø5-F5).	x(2)	2	Blank=Not Specified ØØ=Not Specified Ø1=Quantity Dispensed Ø2=Quantity Intended To Be Dispensed Ø3=Usual & Customary/Prorated Ø4=Waived Due To Partial Fill 99=Other	N/A

Response Pricing Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
348-HK	BASIS OF CALCULATION—FLAT SALES TAX	O	Code indicating how the reimbursement amount was calculated for 'Flat Sales Tax Amount Paid' (558-AW).	x(2)	2	Blank=Not Specified ØØ=Not Specified Ø1=Quantity Dispensed Ø2=Quantity Intended To Be Dispensed	N/A
349-HM	BASIS OF CALCULATION—PERCENTAGE SALES TAX	O	Code indicating how the reimbursement amount was calculated for 'Percentage Sales Tax Amount Paid' (559-AX).	x(2)	2	Blank=Not Specified ØØ=Not Specified Ø1=Quantity Dispensed Ø2=Quantity Intended To Be Dispensed	N/A

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	N/A.
567-J6	DUR/PPS CODE COUNTER	O***R*** (up to 3)	Counter number for each DUR/PPS set/logical grouping.	9(1)	1		N/A.
439-E4	REASON FOR SERVICE CODE	O***R*** (up to 3)	Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.	x(2)	2	Show (right click in box and choose show comment) comment icon for list of values	N/A.
528-FS	CLINICAL SIGNIFICANCE CODE	O***R*** (up to 3)	Code identifying the significance or severity level of a clinical event as contained in the originating data base.	x(1)	1	Blank=Not Specified 1=Major 2=Moderate 3=Minor	N/A
529-FT	OTHER PHARMACY INDICATOR	O***R*** (up to 3)	Code indicating the pharmacy responsible for the previous event involved in the DUR conflict.	9(1)	1	Ø=Not Specified 1=Your Pharmacy 2=Other Pharmacy in Same Chain 3=Other Pharmacy	N/A
53Ø-FU	PREVIOUS DATE OF FILL	O***R*** (up to 3)	Date prescription was previously filled.	9(8)	8		N/A
531-FV	QUANTITY OF PREVIOUS FILL	O***R*** (up to 3)	Amount expressed in metric decimal units of the conflicting agent that was previously filled.	9(7)v999	1Ø		N/A
532-FW	DATABASE INDICATOR	O***R*** (up to 3)	Code identifying the source of drug information used for DUR processing.	x(1)	1	Blank=Not Specified 1=First Databank 2=Medi-Span 3=Redbook 4=Processor Developed 5=Other	N/A
533-FX	OTHER PRESCRIBER INDICATOR	O***R*** (up to 3)	Code comparing the prescriber of the current prescription to the prescriber of the previously filled conflicting prescription.	9(1)	1	Ø=Not Specified 1=Same Prescriber 2=Other Prescriber	N/A
544-FY	DUR FREE TEXT MESSAGE	O***R*** (up to 3)	Text that provides additional detail regarding a DUR conflict.	x(3Ø)	3Ø		N/A

Reversal Transaction

Transaction Header Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
1Ø1-A1	BIN NUMBER	M	Card Issuer ID or Bank ID Number used for network routing.	9(6)	6	004146	004146
1Ø2-A2	VERSION/ RELEASE NUMBER	M	Code uniquely identifying the transmission syntax and corresponding Data Dictionary	x(2)	2	51=Version 5.1	51
1Ø3-A3	TRANSACTION CODE	M	Code identifying the type of transaction.	x(2)	2	E1=Eligibility Verification B1=Billing B2=Reversal B3=Rebill P1=P.A. Request & Billing P2=P.A. Reversal P3=P.A. Inquiry P4=P.A. Request Only N1=Information Reporting N2=Information Reporting Reversal N3=Information Reporting Rebill C1=Controlled Substance	B2 = Reversal
1Ø4-A4	PROCESSOR CONTROL NUMBER	M	Number assigned by the processor.	x(1Ø)	1Ø		N/A
1Ø9-A9	TRANSACTION COUNT	M	Count of transactions in the transmission.	x(1)	1	Blank=Not Specified 1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences	1= One Occurrence (only one reversal will be permitted on a transmission)
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M	Code qualifying the 'Service Provider ID' (2Ø1-B1).	x(2)	2	Blank=Not Specified Ø1=National Provider Identifier (NPI) Ø2=Blue Cross Ø3=Blue Shield Ø4=Medicare Ø5=Medicaid Ø6=UPIN Ø7=NCPDP Provider ID Ø8=State License Ø9=Champus 1Ø=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (D	Ø1= National Provider Identifier (NPI)
2Ø1-B1	SERVICE PROVIDER ID	M	ID assigned to a pharmacy or provider.	x(15)	15		10 digit NPI Number
4Ø1-D1	DATE OF SERVICE	M	Identifies date the prescription was filled or professional service rendered.	9(8)	8		Format = CCYYMMDD

Transaction Header Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	ID assigned by the switch or processor to identify the software source.	x(1Ø)	1Ø		N/A

Reversal Transaction

Patient Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified Ø1=Patient Ø2=Pharmacy Provider Ø3=Prescriber Ø4=Insurance Ø5=Coordination of Benefits/Other Payments Ø6=Worker's Compensation Ø7=Claim Ø8=DUR/PPS Ø9=Coupon 1Ø=Compound 11=Pricing 12=Prior Authorization 13=Clinical	N/A
331-CX	PATIENT ID QUALIFIER	O	Code qualifying the 'Patient ID' (332-CY).	x(2)	2	Blank=Not Specified Ø1=Social Security Number Ø2=Driver's License Number Ø3=U.S. Military ID 99=Other	N/A
332-CY	PATIENT ID	O	ID assigned to the patient.	x(2Ø)	2Ø		N/A
3Ø4-C4	DATE OF BIRTH	O	Date of birth of patient.	9(8)	8		N/A
3Ø5-C5	PATIENT GENDER CODE	O	Code indicating the gender of the individual.	9(1)	1	Ø=Not Specified 1=Male 2=Female	N/A
31Ø-CA	PATIENT FIRST NAME	O	Individual first name.	x(12)	12		N/A
311-CB	PATIENT LAST NAME	O	Individual last name.	x(15)	15		N/A
322-CM	PATIENT STREET ADDRESS	O	Free-form text for address information.	x(3Ø)	3Ø		N/A
323-CN	PATIENT CITY ADDRESS	O	Free-form text for city name.	x(2Ø)	2Ø		N/A
324-CO	PATIENT STATE / PROVINCE ADDRESS	O	Standard State/Province Code as defined by appropriate government agency.	x(2)	2		N/A
325-CP	PATIENT ZIP/POSTAL ZONE	O	Code defining international postal zone excluding punctuation and blanks (zip code for US).	x(15)	15		N/A
326-CQ	PATIENT PHONE NUMBER	O	Ten digit phone number of patient.	9(1Ø)	1Ø		N/A

Reversal Transaction
Patient Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
3Ø7-C7	PATIENT LOCATION	O	Code identifying the location of the patient when receiving pharmacy services.	9(2)	2	Ø=Not Specified 1=Home 2=Inter-Care 3=Nursing Home 4=Long Term/Extended Care 5=Rest Home 6=Boarding Home 7=Skilled Care Facility 8=Sub-Acute Care Facility 9=Acute Care Facility 1Ø=Outpatient 11=Hospice	N/A
333-CZ	EMPLOYER ID	O	ID assigned to employer.	x(15)	15		N/A
334-1C	SMOKER / NON-SMOKER CODE	O	Code indicating the patient as a smoker or non-smoker.	x(1)	1	Blank=Not Specified 1=Non-Smoker 2=Smoker	N/A
335-2C	PREGNANCY INDICATOR	O	Code indicating the patient as pregnant or non-pregnant.	x(1)	1	Blank=Not Specified 1=Not pregnant 2=Pregnant	N/A

Reversal Transaction

Insurance Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified Ø1=Patient Ø2=Pharmacy Provider Ø3=Prescriber Ø4=Insurance Ø5=Coordination of Benefits/Other Payments Ø6=Worker's Compensation Ø7=Claim Ø8=DUR/PPS Ø9=Coupon 1Ø=Compound 11=Pricing 12=Prior Authorization 13=Clinical	N/A
3Ø2-C2	CARDHOLDER ID	M	Insurance ID assigned to the cardholder.	x(2Ø)	2Ø		N/A
312-CC	CARDHOLDER FIRST NAME	O	Individual first name.	x(12)	12		N/A
313-CD	CARDHOLDER LAST NAME	O	Individual last name.	x(15)	15		N/A
314-CE	HOME PLAN	O	Code identifying the Blue Cross or Blue Shield plan ID which indicates where the member's coverage has been designated. Usually where the member lives or purchased their coverage.	x(3)	3		N/A
524-FO	PLAN ID	O	Assigned by the processor to identify a set of parameters, benefit, or coverage criteria used to adjudicate a claim.	x(8)	8		N/A
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE	O	Code indicating that the pharmacy is clarifying eligibility based on receiving a denial.	9(1)	1	Ø=Not Specified 1=No Override 2=Override 3=Full Time Student 4=Disabled Dependent 5=Dependent Parent 6=Significant Other	N/A
336-8C	FACILITY ID	O	ID assigned to the patient's clinic/host party.	x(1Ø)	1Ø		N/A
3Ø1-C1	GROUP ID	O	ID assigned to the cardholder group or employer group.	x(15)	15		N/A
3Ø3-C3	PERSON CODE	O	Code assigned to a specific person within a family.	x(3)	3		N/A

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
3Ø6-C6	PATIENT RELATIONSHIP CODE	O	Code indicating relationship of patient to cardholder.	9(1)	1	Ø=Not Specified 1=Cardholder 2=Spouse 3=Child 4=Other	N/A

Reversal Transaction

Claim Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified Ø1=Patient Ø2=Pharmacy Provider Ø3=Prescriber Ø4=Insurance Ø5=Coordination of Benefits/Other Payments Ø6=Worker's Compensation Ø7=Claim Ø8=DUR/PPS Ø9=Coupon 1Ø=Compound 11=Pricing 12=Prior Authorization 13=Clinical	Ø7=Claim
455-EM	PRESCRIPTION/ SERVICE REFERENCE NUMBER QUALIFIER	M	Indicates the type of billing submitted.	x(1)	1	Blank=Not Specified 1=Rx Billing 2=Service Billing	1=Rx Billing
4Ø2-D2	PRESCRIPTION/ SERVICE REFERENCE NUMBER	M	Reference number assigned by the provider for the dispensed drug/product and/or service provided.	9(7)	7		seven digit numeric prescription number
436-E1	PRODUCT/SERV ICE ID QUALIFIER	M	Code qualifying the value in 'Product/Service ID' (4Ø7-D7).	x(2)	2		Ø3 = National Drug Code (NDC)
4Ø7-D7	PRODUCT/SERV ICE ID	M	ID of the product dispensed or service provided.	x(19)	19		The 11-digit national drug code for the drug dispensed.
456-EN	ASSOCIATED PRESCRIPTION/ SERVICE REFERENCE #	O	Related 'Prescription/Servic e Reference Number' (4Ø2-D2) to which the service is associated.	9(7)	7		N/A
457-EP	ASSOCIATED PRESCRIPTION/ SERVICE DATE	O	Date of the Associated Prescription/Servic e Reference Number.	9(8)	8		N/A
458-SE	PROCEDURE MODIFIER CODE COUNT	O	Count of the 'Procedure Modifier Code' (459-ER) occurrences.	9(1)	1		N/A
459-ER	PROCEDURE MODIFIER CODE	O***R***	Identifies special circumstances related to the performance of the service.	x(2)	2		N/A
442-E7	QUANTITY DISPENSED	O	Quantity dispensed expressed in metric decimal units.	9(7)v999	1Ø		N/A

Reversal Transaction

Claim Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
4Ø3-D3	FILL NUMBER	O	The code indicating whether the prescription is an original or a refill.	9(2)	2		N/A
4Ø5-D5	DAYS SUPPLY	O	Estimated number of days the prescription will last.	9(3)	3		N/A
4Ø6-D6	COMPOUND CODE	O	Code indicating whether or not the prescription is a compound.	9(1)	1	Ø=Not Specified 1=Not a Compound 2=Compound	N/A
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	O	Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.	x(1)	1	Ø=No Product Selection Indicated 1=Substitution Not Allowed by Prescriber 2=Substitution Allowed-Patient Requested Product Dispensed 3=Substitution Allowed-Pharmacist Selected Product Dispensed 4=Substitution Allowed-Generic Drug Not in Stock 5=Substitution Allowed-Brand Drug Dispensed as a Generic 6=Override 7=Substitution Not Allowed-Brand Drug Mandated by Law 8=Substitution Allowed-Generic Drug Not Available in Marketplace 9=Other	N/A
414-DE	DATE PRESCRIPTION WRITTEN	O	Date prescription was written.	9(8)	8		N/A
415-DF	NUMBER OF REFILLS AUTHORIZED	O	Number of refills authorized by the prescriber.	9(2)	2	Ø=Not Specified 1 through 99, with 99 being as needed, refills unlimited	N/A
419-DJ	PRESCRIPTION ORIGIN CODE	O	Code indicating the origin of the prescription.	9(1)	1	Ø=Not Specified 1=Written 2=Telephone 3=Electronic 4=Facsimile	N/A
42Ø-DK	SUBMISSION CLARIFICATION CODE	O	Code indicating that the pharmacist is clarifying the submission.	9(2)	2	Ø=Not Specified, Default 1=No Override 2=Other Override 3=Vacation Supply 4=Lost Prescription 5=Therapy Change 6=Starter Dose 7=Medically Necessary 8=Process Compound For Approved Ingredients 9=Encounters 99=Other	N/A

| 46Ø-ET | QUANTITY PRESCRIBED | O | Amount expressed in metric decimal units. | 9(7)v999 | 1Ø | | N/A |

Claim Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
3Ø8-C8	OTHER COVERAGE CODE	O	Code indicating whether or not the patient has other insurance coverage.	9(2)	2	ØØ=Not Specified Ø1=No other coverage Ø2=Other coverage exists-payment collected Ø3=Other coverage exists- claim not covered Ø4=Other coverage exists-payment not collected Ø5=Managed care plan denial Ø6=Other coverage denied-not participating provider Ø7=	N/A
429-DT	UNIT DOSE INDICATOR	O	Code indicating the type of unit dose dispensing.	9(1)	1	Ø=Not Specified 1=Not Unit Dose 2=Manufacturer Unit Dose 3=Pharmacy Unit Dose 4=Custom Packaging	N/A
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	O	Code qualifying the value in 'Originally Prescribed Product/Service Code' (Field 445-EA).	x(2)	2	See Appendix K - Product/Service Qualifier	N/A
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	O	Code of the initially prescribed product or service.	x(19)	19		N/A
446-EB	ORIGINALLY PRESCRIBED QUANTITY	O	Product initially prescribed amount expressed in metric decimal units.	9(7)v999	1Ø		N/A
33Ø-CW	ALTERNATE ID	O	Person identifier to be used for controlled product reporting. Identifier may be that of the patient or the person picking up the prescription as required by the governing body.	x(2Ø)	2Ø		N/A
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	O	The serial number of the prescription blank/form.	x(12)	12		N/A
6ØØ-28	UNIT OF MEASURE	O	NCPDP standard product billing codes.	x(2)	2	EA=Each GM=Grams ML=Milliliters	N/A

Reversal Transaction

Claim Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
418-DI	LEVEL OF SERVICE	O	Coding indicating the type of service the provider rendered.	9(2)	2	Ø=Not Specified 1=Patient consultation 2=Home delivery 3=Emergency 4=24 hour service 5=Patient consultation regarding generic product selection 6=In-Home Service	N/A
461-EU	PRIOR AUTHORIZATION TYPE CODE	O	Code clarifying the 'Prior Authorization Number' (462-EV).	9(2)	2	Ø=Not Specified 1=Prior Authorization 2=Medical Certification 3=EPSDT (Early Periodic Screening Diagnosis Treatment) 4=Exemption from Copay 5=Exemption from RX 6=Family Plan. Indic. 7=AFDC (Aid to Families with Dependent Children) 8=Payer Defined Exemption	N/A
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	O	Number submitted by the provider to identify the prior authorization.	9(11)	11		N/A
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	O	Value indicating that authorization occurred for intermediary processing.	9(2)	2	Ø=Not Specified 1=Intermediary Authorization 99=Other Override	N/A
464-EX	INTERMEDIARY AUTHORIZATION ID	O	Value indicating intermediary authorization occurred.	x(11)	11		N/A
343-HD	DISPENSING STATUS	O	Code indicating the quantity dispensed is a partial fill or the completion of a partial fill. Used only in situations where inventory shortages do not allow the full quantity to be dispensed.	x(1)	1	Blank=Not Specified P=Partial Fill C=Completion of Partial Fill	N/A
344-HF	QUANTITY INTENDED TO BE DISPENSED	O	Metric decimal quantity of medication that would be dispensed on original filling if inventory were available. Used in association with a 'P' or 'C' in 'Dispensing Status' (343-HD).	9(7)V999	1Ø		N/A

Claim Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	O	Days supply for metric decimal quantity of medication that would be dispensed on original dispensing if inventory were available. Used in association with a 'P' or 'C' in 'Dispensing Status' (343-HD).	9(3)	3		N/A

DUR / PPS Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified Ø1=Patient Ø2=Pharmacy Provider Ø3=Prescriber Ø4=Insurance Ø5=Coordination of Benefits/Other Payments Ø6=Worker's Compensation Ø7=Claim Ø8=DUR/PPS Ø9=Coupon 1Ø=Compound 11=Pricing 12=Prior Authorization 13=Clinical	N/A
473-7E	DUR/PPS CODE COUNTER	O***R*** (up to 3)	Counter number for each DUR/PPS set/logical grouping.	9(1)	1		N/A
439-E4	REASON FOR SERVICE CODE	O***R*** (up to 3)	Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.	x(2)	2	Show (right click in box and choose show comment) comment icon for list of values	N/A
44Ø-E5	PROFESSIONAL SERVICE CODE	O***R*** (up to 3)	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.	x(2)	2	Show (right click in box and choose show comment) comment icon for list of values	N/A
441-E6	RESULT OF SERVICE CODE	O***R*** (up to 3)	Action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service.	x(2)	2	Show (right click in box and choose show comment) comment icon for list of values	N/A
474-8E	DUR/PPS LEVEL OF EFFORT	O***R*** (up to 3)	Code indicating the level of effort as determined by the complexity of decision making or resources utilized by a pharmacist to perform a professional service.	9(2)	2	Ø=Not Specified 11=Level 1 (Lowest) 12=Level 2 13=Level 3 14=Level 4 15=Level 5 (Highest)	N/A
475-J9	DUR CO-AGENT ID QUALIFIER	O***R*** (up to 3)	Code qualifying the value in 'DUR Co-Agent ID' (476-H6).	x(2)	2		N/A

DUR / PPS Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
476-H6	DUR CO-AGENT ID	O***R*** (up to 3)	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).	x(19)	19		N/A

Pricing Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified Ø1=Patient Ø2=Pharmacy Provider Ø3=Prescriber Ø4=Insurance Ø5=Coordination of Benefits/Other Payments Ø6=Worker's Compensation Ø7=Claim Ø8=DUR/PPS Ø9=Coupon 1Ø=Compound 11=Pricing 12=Prior Authorization 13=Clinical	N/A
4Ø9-D9	INGREDIENT COST SUBMITTED	O	Submitted product component cost of the dispensed prescription. This amount is included in the 'Gross Amount Due' (43Ø-DU).	s9(6)v99	8		N/A
412-DC	DISPENSING FEE SUBMITTED	O	Dispensing fee submitted by the pharmacy. This amount is included in the 'Gross Amount Due' (43Ø-DU).	s9(6)v99	8		N/A
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	O	Amount submitted by the provider for professional services rendered.	s9(6)v99	8		N/A
433-DX	PATIENT PAID AMOUNT SUBMITTED	O	Amount the pharmacy received from the patient for the prescription dispensed.	s9(6)v99	8		N/A
438-E3	INCENTIVE AMOUNT SUBMITTED	O	Amount represents a fee that is submitted by the pharmacy for contractually agreed upon services. This amount is included in the 'Gross Amount Due' (43Ø-DU).	s9(6)v99	8		N/A
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	O	Count of other amount claimed submitted occurrences.	9(1)	1		N/A

Reversal Transaction
Pricing Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	O***R***	Code identifying the additional incurred cost claimed in 'Other Amount Claimed Submitted' (48Ø-H9).	x(2)	2	Blank=Not Specified Ø1=Delivery Cost Ø2=Shipping Cost Ø3=Postage Cost Ø4=Administrative Cost 99=Other	N/A
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED	O***R***	Amount representing the additional incurred costs for a dispensed prescription or service.	s9(6)v99	8		N/A
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	O	Flat sales tax submitted for prescription. This amount is included in the 'Gross Amount Due' (43Ø-DU).	s9(6)v99	8		N/A
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	O	Percentage sales tax submitted.	s9(6)v99	8		N/A
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	O	Percentage sales tax rate used to calculate 'Percentage Sales Tax Amount Submitted' (482-GE).	s9(3)v4	7		N/A
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	O	Code indicating the basis for percentage sales tax.	x(2)	2	Blank=Not Specified Ø1=Gross Amount Due Ø2=Ingredient Cost Ø3=Ingredient Cost + Dispensing	N/A
426-DQ	USUAL AND CUSTOMARY CHARGE	O	Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed.	s9(6)v99	8		N/A
43Ø-DU	Gross Amount Due	O	Total price claimed from all sources. For prescription claim request, field represents a sum of 'Ingredient Cost Submitted' (4Ø9-D9), 'Dispensing Fee Submitted' (412-DC), 'Flat Sales Tax Amount Submitted'(481-HA), 'Percentage Sales Tax Amount Submitted'	s9(6)v99	8		N/A

Reversal Transaction
Pricing Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
423-DN	BASIS OF COST DETERMINATION	O	Code indicating the method by which 'Ingredient Cost Submitted' (Field 4Ø9-D9) was calculated.	x(2)	2	Blank=Not Specified ØØ=Not Specified Ø1=AWP (Average Wholesale Price) Ø2=Local Wholesaler Ø3=Direct Ø4=EAC (Estimated Acquisition Cost) Ø5=Acquisition Ø6=MAC (Maximum Allowable Cost) Ø7=Usual & Customary Ø9=Other	N/A

Reversal Approval Response

Response Header Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
1Ø2-A2	VERSION/ RELEASE NUMBER	M	Code uniquely identifying the transmission syntax and corresponding Data Dictionary	x(2)	2	51=Version 51	51
1Ø3-A3	TRANSACTION CODE	M	Code identifying the type of transaction.	x(2)	2	E1=Eligibility Verification B1=Billing B2=Reversal B3=Rebill P1=P.A. Request & Billing P2=P.A. Reversal P3=P.A. Inquiry P4=P.A. Request Only N1=Information Reporting N2=Information Reporting Reversal N3=Information Reporting Rebill C1=Controlled Substance	Same as input. Will be B2 for an approved reversal.
1Ø9-A9	TRANSACTION COUNT	M	Count of transactions in the transmission.	x(1)	1	Blank=Not Specified 1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences	1 = one occurrence
5Ø1-F1	HEADER RESPONSE STATUS	M	Code indicating the status of the transmission.	x(1)	1	A=Accepted R=Rejected	A = Accepted
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M	Code qualifying the 'Service Provider ID' (2Ø1-B1).	x(2)	2	Blank=Not Specified Ø1=National Provider Identifier (NPI) Ø2=Blue Cross Ø3=Blue Shield Ø4=Medicare Ø5=Medicaid Ø6=UPIN Ø7=NCPDP Provider ID Ø8=State License Ø9=Champus 1Ø=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (D	same as input.
2Ø1-B1	SERVICE PROVIDER ID	M	ID assigned to a pharmacy or provider.	x(15)	15		same as input.
4Ø1-D1	DATE OF SERVICE	M	Identifies date the prescription was filled or professional service rendered.	9(8)	8		same as input.

Reversal Approval Response

Response Message Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	N/A
5Ø4-F4	MESSAGE	O	Free form message.	x(1)-x(2ØØ)	1-2ØØ		N/A

Reversal Approval Response

Response Status Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	20=Response Status
112-AN	TRANSACTION RESPONSE STATUS	M	Code indicating the status of the transaction.	x(1)	1	A=Approved C=Captured D=Duplicate of Paid F=PA Deferred P=Paid Q=Duplicate of Capture R=Rejected S=Duplicate of Approved	A = Approved
5Ø3-F3	AUTHORIZATION NUMBER	O	Number assigned by the processor to identify an authorized transaction.	x(2Ø)	2Ø		For a Claim Reversal, the authorization # will be the 13 digit voided ICN #.
51Ø-FA	REJECT COUNT	O	Count of 'Reject Code' (511-FB) occurrences.	9(2)	2		N/A
511-FB	REJECT CODE	O***R*** (up to 5)	Code indicating the error encountered.	x(3)	3		N/A
546-4F	REJECT FIELD OCCURRENCE INDICATOR	O***R*** (up to 5)	Identifies the counter number or occurrence of the field that is being rejected. Used to indicate rejects for repeating fields.	9(2)	2		N/A
547-5F	APPROVED MESSAGE CODE COUNT	O	Count of the 'Approved Message Code' (548-6F) occurrences.	9(1)	1		N/A
548-6F	APPROVED MESSAGE CODE	O***R*** (up to 5)	Message code, on an approved claim/service, communicating the need for an additional follow-up.	x(3)	3	Blank=Not Specified ØØ1=Generic Available ØØ2=Non-Formulary Drug ØØ3=Maintenance Drug	N/A
526-FQ	ADDITIONAL MESSAGE INFORMATION	O	Free text message.	x(1)-x(2ØØ)	2ØØ	Comments: The maximum length of field is 2ØØ characters.	N/A
549-7F	HELP DESK PHONE NUMBER QUALIFIER	O	Code qualifying the phone number in the 'Help Desk Phone Number' (55Ø-8F).	x(2)	2	Blank=Not Specified Ø1=Switch Ø2=Intermediary Ø3=Processor/PBM 99=Other	N/A
55Ø-8F	HELP DESK PHONE NUMBER	O	Ten digit phone number of the help desk.	x(18)	18		N/A

Claim Response Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	22=Response Claim
455-EM	PRESCRIPTION/ SERVICE REFERENCE NUMBER QUALIFIER	M	Indicates the type of billing submitted.	x(1)	1	Blank=Not Specified 1=Rx Billing 2=Service Billing	Same as input. Will be a 1 for an approved reversal.
4Ø2-D2	PRESCRIPTION/ SERVICE REFERENCE NUMBER	M	Reference number assigned by the provider for the dispensed drug/product and/or service provided.	9(7)	7		same as input.
551-9F	PREFERRED PRODUCT COUNT	O	Count of preferred product occurrences.	9(1)	1		N/A
552-AP	PREFERRED PRODUCT ID QUALIFIER	O***R***	Code qualifying the type of product ID submitted in 'Preferred Product ID' (553-AR).	x(2)	2		N/A
553-AR	PREFERRED PRODUCT ID	O***R***	Alternate product recommended by the plan.	x(19)	19		N/A
554-AS	PREFERRED PRODUCT INCENTIVE	O***R***	Amount of pharmacy incentive available for substitution of preferred product.	s9(6)v99	8		N/A
555-AT	PREFERRED PRODUCT COPAY INCENTIVE	O***R***	Amount of patient's copay/cost-share incentive for preferred product.	s9(6)v99	8		N/A
556-AU	PREFERRED PRODUCT DESCRIPTION	O***R***	Free text message.	x(4Ø)	4Ø		N/A

Response Pricing Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	N/A
5Ø5-F5	PATIENT PAY AMOUNT	O	Amount that is calculated by the processor and returned to the pharmacy as the TOTAL amount to be paid by the patient to the pharmacy; the patient's total cost share, including copayments, amounts applied to deductible, over maximum amounts, penalties, et	s9(6)v99	8		N/A
5Ø6-F6	INGREDIENT COST PAID	O	Drug ingredient cost paid included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	8		N/A
5Ø7-F7	DISPENSING FEE PAID	O	Dispensing fee paid included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	8		N/A
557-AV	TAX EXEMPT INDICATOR	O	Code indicating the payer as exempt from taxes.	x(1)	1	Blank=Not Specified 1=Tax Exempt 2=Not Tax Exempt	N/A
558-AW	FLAT SALES TAX AMOUNT PAID	O	Flat sales tax paid which is included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	8		N/A
559-AX	PERCENTAGE SALES TAX AMOUNT PAID	O	Amount of percentage sales tax paid which is included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	8		N/A
56Ø-AY	PERCENTAGE SALES TAX RATE PAID	O	Percentage sales tax rate used to calculate 'Percentage Sales Tax Amount Paid' (559-AX).	s9(3)v4	7		N/A
561-AZ	PERCENTAGE SALES TAX BASIS PAID	O	Code indicating the percentage sales tax paid basis.	x(2)	2	Blank=Not Specified Ø1=Gross Amount Due Ø2=Ingredient Cost Ø3=Ingredient Cost + Dispensing Fee	N/A
521-FL	INCENTIVE AMOUNT PAID	O	Amount represents the contractually agreed upon incentive fee paid for specific services rendered. Amount is included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	8		N/A

Reversal Approval Response
Response Pricing Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
562-J1	PROFESSIONAL SERVICE FEE PAID	O	Amount representing the contractually agreed upon fee for professional services rendered. This amount is included in the 'Total Amount Paid' (5Ø9-F9).	s9(6)v99	8		N/A
563-J2	OTHER AMOUNT PAID COUNT	O	Count of the other amount paid occurrences.	9(1)	1		N/A
564-J3	OTHER AMOUNT PAID QUALIFIER	O***R***	Code clarifying the value in the 'Other Amount Paid' (565-J4).	x(2)	2	Blank=Not Specified Ø1=Delivery Ø2=Shipping Ø3=Postage Ø4=Administrative 99=Other	N/A
565-J4	OTHER AMOUNT PAID	O***R***	Amount paid for additional costs claimed in 'Other Amount Claimed Submitted' (48Ø-H9).	s9(6)v99	8		N/A
566-J5	OTHER PAYER AMOUNT RECOGNIZED	O	Total dollar amount of any payment from another source including coupons.	s9(6)v99	8		N/A
5Ø9-F9	TOTAL AMOUNT PAID	O	Total amount to be paid by the claims processor (i.e. pharmacy receivable). Represents a sum of 'Ingredient Cost Paid' (5Ø6-F6), 'Dispensing Fee Paid' (5Ø7-F7), 'Flat Sales Tax Amount Paid' (558-AW), 'Percentage Sales Tax Amount Paid' (559-AX), 'Incentive	s9(6)v99	8		N/A
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	O	Code identifying how the reimbursement amount was calculated for 'Ingredient Cost Paid' (5Ø6-F6).	9(2)	2		N/A
523-FN	AMOUNT ATTRIBUTED TO SALES TAX	O	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to sales tax paid.	s9(6)v99	8		N/A
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT	O	Amount in dollars met by the patient/family in a deductible plan.	s9(6)v99	8		N/A
513-FD	REMAINING DEDUCTIBLE AMOUNT	O	Amount not met by the patient/family in the deductible plan.	s9(6)v99	8		N/A

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
514-FE	REMAINING BENEFIT AMOUNT	O	Amount remaining in a patient/family plan with a periodic maximum benefit.	s9(6)v99	8		N/A
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE	O	Amount to be collected from a patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is applied to a periodic deductible.	s9(6)v99	8		N/A
518-FI	AMOUNT OF COPAY/CO-INSURANCE	O	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to a per prescription copay/coinsurance.	s9(6)v99	8		N/A
519-FJ	AMOUNT ATTRIBUTED TO PRODUCT SELECTION	O	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to the patient's selection of drug product.	s9(6)v99	8		N/A
52Ø-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM	O	Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to the patient exceeding a periodic benefit maximum.	s9(6)v99	8		N/A
346-HH	BASIS OF CALCULATION—DISPENSING FEE	O	Code indicating how the reimbursement amount was calculated for 'Dispensing Fee Paid' (5Ø7-F7).	x(2)	2	Blank=Not Specified ØØ=Not Specified Ø1=Quantity Dispensed Ø2=Quantity Intended To Be Dispensed Ø3=Usual & Customary/Prorated Ø4=Waived Due To Partial Fill 99=Other	N/A
347-HJ	BASIS OF CALCULATION—COPAY	O	Code indicating how the reimbursement amount was calculated for 'Patient Pay Amount'(5Ø5-F5).	x(2)	2	Blank=Not Specified ØØ=Not Specified Ø1=Quantity Dispensed Ø2=Quantity Intended To Be Dispensed Ø3=Usual & Customary/Prorated Ø4=Waived Due To Partial Fill 99=Other	N/A
348-HK	BASIS OF CALCULATION—FLAT SALES TAX	O	Code indicating how the reimbursement amount was calculated for 'Flat Sales Tax Amount Paid' (558-AW).	x(2)	2	Blank=Not Specified ØØ=Not Specified Ø1=Quantity Dispensed Ø2=Quantity Intended To Be Dispensed	N/A

Reversal Approval Response
Response Pricing Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
349-HM	BASIS OF CALCULATION— PERCENTAGE SALES TAX	O	Code indicating how the reimbursement amount was calculated for 'Percentage Sales Tax Amount Paid' (559-AX).	x(2)	2	Blank=Not Specified ØØ=Not Specified Ø1=Quantity Dispensed Ø2=Quantity Intended To Be Dispensed	N/A

Reversal Rejection Response

Response Header Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
1Ø2-A2	VERSION/ RELEASE NUMBER	M	Code uniquely identifying the transmission syntax and corresponding Data Dictionary.	x(2)	2	51=Version 51	51
1Ø3-A3	TRANSACTION CODE	M	Code identifying the type of transaction.	x(2)	2	E1=Eligibility Verification B1=Billing B2=Reversal B3=Rebill P1=P.A. Request & Billing P2=P.A. Reversal P3=P.A. Inquiry P4=P.A. Request Only N1=Information Reporting N2=Information Reporting Reversal N3=Information Reporting Rebill C1=Controlled Substance	same as input. B2=Reversal
1Ø9-A9	TRANSACTION COUNT	M	Count of transactions in the transmission.	x(1)	1	Blank=Not Specified 1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences	same as input
5Ø1-F1	HEADER RESPONSE STATUS	M	Code indicating the status of the transmission.	x(1)	1	A=Accepted R=Rejected	A = Accepted
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M	Code qualifying the 'Service Provider ID' (2Ø1-B1).	x(2)	2	Blank=Not Specified Ø1=National Provider Identifier (NPI) Ø2=Blue Cross Ø3=Blue Shield Ø4=Medicare Ø5=Medicaid Ø6=UPIN Ø7=NCPDP Provider ID Ø8=State License Ø9=Champus 1Ø=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (D	same as input.
2Ø1-B1	SERVICE PROVIDER ID	M	ID assigned to a pharmacy or provider.	x(15)	15		same as input.
4Ø1-D1	DATE OF SERVICE	M	Identifies date the prescription was filled or professional service rendered.	9(8)	8		same as input.

Response Message Segment: Transmission Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	N/A
5Ø4-F4	MESSAGE	O	Free form message.	x(1)-x(2ØØ)	1-2ØØ		N/A

Reversal Rejection Response
Response Status Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	21=Response Status
112-AN	TRANSACTION RESPONSE STATUS	M	Code indicating the status of the transaction.	x(1)	1	A=Approved C=Captured D=Duplicate of Paid F=PA Deferred P=Paid Q=Duplicate of Capture R=Rejected S=Duplicate of Approved	R = Rejected
5Ø3-F3	AUTHORIZATION NUMBER	O	Number assigned by the processor to identify an authorized transaction.	x(2Ø)	2Ø		N/A
51Ø-FA	REJECT COUNT	O	Count of 'Reject Code' (511-FB) occurrences.	9(2)	2		Number of rejection codes set on the reversal txn.
511-FB	REJECT CODE	O***R*** (up to 5)	Code indicating the error encountered.	x(3)	3		NCPDP two-digit rejection code that applies.
546-4F	REJECT FIELD OCCURRENCE INDICATOR	O***R*** (up to 5)	Identifies the counter number or occurrence of the field that is being rejected. Used to indicate rejects for repeating fields.	9(2)	2		N/A
547-5F	APPROVED MESSAGE CODE COUNT	O	Count of the 'Approved Message Code' (548-6F) occurrences.	9(1)	1		N/A
548-6F	APPROVED MESSAGE CODE	O***R*** (up to 5)	Message code, on an approved claim/service, communicating the need for an additional follow-up.	x(3)	3	Blank=Not Specified ØØ1=Generic Available ØØ2=Non-Formulary Drug ØØ3=Maintenance Drug	N/A
526-FQ	ADDITIONAL MESSAGE INFORMATION	O	Free text message.	x(1)-x(2ØØ)	2ØØ	Comments: The maximum length of field is 2ØØ characters.	N/A
549-7F	HELP DESK PHONE NUMBER QUALIFIER	O	Code qualifying the phone number in the 'Help Desk Phone Number' (55Ø-8F).	x(2)	2	Blank=Not Specified Ø1=Switch Ø2=Intermediary Ø3=Processor/PBM 99=Other	N/A
55Ø-8F	HELP DESK PHONE NUMBER	O	Ten digit phone number of the help desk.	x(18)	18		N/A

Reversal Rejection Response
Response Claim Segment: Transaction Level

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	x(2)	2	Blank=Not Specified 2Ø=Response Message 21=Response Status 22=Response Claim 23=Response Pricing 24=Response DUR/PPS 25=Response Insurance 26=Response PA	22=Response Claim
455-EM	PRESCRIPTION/ SERVICE REFERENCE NUMBER QUALIFIER	M	Indicates the type of billing submitted.	x(1)	1	Blank=Not Specified 1=Rx Billing 2=Service Billing	Same as input.
4Ø2-D2	PRESCRIPTION/ SERVICE REFERENCE NUMBER	M	Reference number assigned by the provider for the dispensed drug/product and/or service provided.	9(7)	7		Same as input.
551-9F	PREFERRED PRODUCT COUNT	O	Count of preferred product occurrences.	9(1)	1		N/A
552-AP	PREFERRED PRODUCT ID QUALIFIER	O***R***	Code qualifying the type of product ID submitted in 'Preferred Product ID' (553-AR).	x(2)	2		N/A
553-AR	PREFERRED PRODUCT ID	O***R***	Alternate product recommended by the plan.	x(19)	19		N/A
554-AS	PREFERRED PRODUCT INCENTIVE	O***R***	Amount of pharmacy incentive available for substitution of preferred product.	s9(6)v99	8		N/A
555-AT	PREFERRED PRODUCT COPAY INCENTIVE	O***R***	Amount of patient's copay/cost-share incentive for preferred product.	s9(6)v99	8		N/A
556-AU	PREFERRED PRODUCT DESCRIPTION	O***R***	Free text message.	x(4Ø)	4Ø		N/A

Eligibility Verification Request

TRANSACTION HEADER SEGMENT: TRANSMISSION LEVEL

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
101-A1	BIN Number	M	Card issuer ID or Bank ID Number used for network routing.	9(6)	6	004146	004146
102-A2	Version/Release Number	M	Code uniquely identifying the transmission syntax and corresponding Data Dictionary.	X(2)	2	Ø1, Ø2, Ø3, 31, 32, 3A, 3B, 3C, 33, 34, 35, 4Ø, 41, 42, 5Ø, 51, 52, 53, 54	51
103-A3	Transaction Code	M	Code identifying the type of transaction.	X(2)	2	E1, B1, B2, B3, P1, P2, P3, P4, N1, N2, N3, C1, C2, C3	E1 – Eligibility Verification
104-A4	Processor Control Number	M	Number assigned by the processor.	X(10)	10	0,1,2,3,4,5,6,7,8,9 A-Z a-z space(s)	N/A
109-A9	Transaction Count	M	Count of transactions in the transmission	X(1)	1	Blank, 1, 2, 3, 4	
202-B2	Service Provider ID Qualifier	M	Code qualifying the 'Service Provider ID.'	X(2)	2	01	01- Nacional Provider Identifier (NPI)
201-B1	Service Provider ID	M	ID assigned to a pharmacy or provider	X(15)	15	0-9 space(s) However, since this field is fixed length, the length is looking for a total of 15 characters which will include spaces.	10-digit NPI
401-D1	Date of Service	M	Identifies the date a prescription is to be filled or professional service is to be rendered	9(8)	8	0,1,2,3,4,5,6,7,8,9 Length is 8	Format – CCYYMMDD
110-AK	Software Vendor/Certification ID	M	ID assigned by the switch or processor to identify the software source.	X(10)	10	0-9 A-Z a-z space(s) Length is 10	N/A

Eligibility Verification Request

INSURANCE SEGMENT: TRANSMISSION LEVEL

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	Segment Identification	M	Identifies the segment in the request and/or response.	X(2)	2	Blank, Ø1, Ø2, Ø3, Ø4, Ø5, Ø6, Ø7, Ø8, Ø9, 1Ø, 11, 12, 13, 2Ø, 21, 22, 23, 24, 25, 26	04=Insurance
302-C2	Cardholder ID	M	Insurance ID assigned to the cardholder.	X(20)	20	0-9 Length is 1 to 13	13 digit Medicaid ID number

Eligibility Verification Response

RESPONSE HEADER – TRANSMISSION LEVEL

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
102-A2	Version/Release Number	M	Code uniquely identifying the transmission syntax and corresponding Data Dictionary	X(2)	2	Ø1, Ø2, Ø3, 31, 32, 3A, 3B, 3C, 33, 34, 35, 4Ø, 41, 42, 5Ø, 51, 52, 53, 54	51=Version 5.1
103-A3	Transaction Code	M	Code identifying the type of transaction.	X(2)	2	E1, B1, B2, B3, P1, P2, P3, P4, N1, N2, N3, C1, C2, C3	E1=Eligibility Verfication
104-A4	Processor Control Number	M	Number assigned by the processor.	X(10)	10	0,1,2,3,4,5,6,7,8,9 A-Z a-z space(s) Length is 10	
109-A9	Transaction Count	M	Count of transactions in the transmission	X(1)	1	Blank, 1, 2, 3, 4	1=One Occurrence
501-F1	Header Response Status	M	Response Status	X(1)	1	A, R	A=Accepted R=Rejected
202-B2	Service Provider ID Qualifier	M	Code qualifying the 'Service Provider ID.'	X(2)	01	Blank, Ø1, Ø2, Ø3, Ø4, Ø5, Ø6, Ø7, Ø8, Ø9, 1Ø, 11, 12, 13, 14, 99	01=Nacional Provider Identifier (NPI)
201-B1	Service Provider ID	M	ID assigned to a pharmacy or provider	X(15)	15		
401-D1	Date of Service	M	Identifies the date a prescription is to be filled or professional service is to be rendered	9(8)	8		CCYYMMDD
110-AK	Software Vender/Certification ID	M	ID assigned by the switch or processor to identify the software source.	AK		0-9 A-Z a-z space(s) Length is 10	

Eligibility Verification Response

RESPONSE STATUS APPROVED: TRANSACTION LEVEL

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	Segment Identification	M	Identifies the segment in the request and/or response.	X(2)	2	Blank, Ø1, Ø2, Ø3, Ø4, Ø5, Ø6, Ø7, Ø8, Ø9, 1Ø, 11, 12, 13, 2Ø, 21, 22, 23, 24, 25, 26	21=Response Status
112-AN	Transaction Response Status	M	Code indicating the status of the transaction.	X(1)	1	A=Approved	A=Approved

RESPONSE STATUS REJECTED: TRANSACTION LEVEL

Field	Field Name	Mandatory or Optional	Definition of Field	Field Format	Field Length	Values	Alabama Requirements
111-AM	Segment Identification	M	Identifies the segment in the request and/or response.	x(2)	2	Blank, Ø1, Ø2, Ø3, Ø4, Ø5, Ø6, Ø7, Ø8, Ø9, 1Ø, 11, 12, 13, 2Ø, 21, 22, 23, 24, 25, 26	21=Response Status
112-AN	Transaction Response Status	M	Code indicating the status of the transaction.	x(1)	1	R=Rejected	R=Rejected
510-FA	Reject Count	O		9(2)	2	1	
511-FB	Reject Code	OR	Code indicating the error encountered.	X(3)	3	See Appendix F - reject code listing	